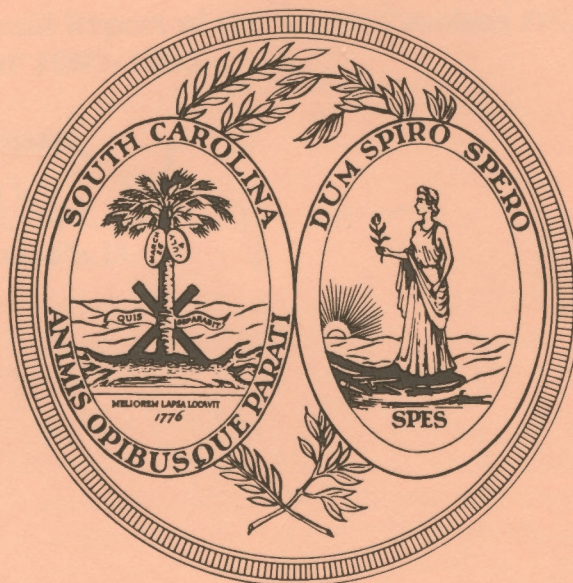


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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH



ANNUAL REPORT 1992-1993

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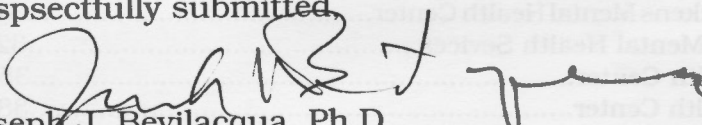


Joseph J. Bevilacqua, Ph.D.
Director of Mental Health

November 8, 1993

To his Excellency Governor Carroll A. Campbell, Jr., and the
Honorable Members of the General Assembly of South Carolina, transmitted
herewith is the Annual Report of the South Carolina Department of Mental
Health for fiscal year 1992-1993.

Respectfully submitted,


Joseph J. Bevilacqua, Ph.D.
State Director

Enclosure

MENTAL HEALTH COMMISSION:

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Louise R. Hassenplug, Vice-Chairman, Rock Hill

Charles T. Baffle, M.D., Seneca
Richard A. Eckstrom, Greenville

Elizabeth L. Forrester, Georgetown
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Introduction

The South Carolina Department of Mental Health's (DMH) mission is to provide services for people who suffer from mental illnesses--services that build on the strengths of each person, provide them an opportunity to improve their quality of life and attain a comfortable level of independence in their community.

The agency provides treatment, consultation and education services to people and their families who suffer from either a serious mental illness; a significant inability to cope with the daily stresses of life; alcoholism and drug addiction or both mental illness and mental retardation; and to elderly persons who are mentally and physically handicapped.

South Carolina is divided into 17 geographical areas called catchment or service areas. Each area has a comprehensive mental health center. Each center is governed by a local administrative board that operates within policies and guidelines set by the department. These centers serve the state's 46 counties through their main facilities and a network of clinics and outreach programs. They are the entry point into the state's mental health system. When a center's resources cannot meet a patient's needs, the center refers that patient to one of the department's 10 inpatient facilities.

DMH is governed by the seven members of the S.C. Mental Health Commission, who are appointed for five-year terms by the governor, with the advice and consent of the state Senate. As a result of government restructuring legislation, the governor can remove commission members at his discretion and the title of the Commissioner of Mental Health changed to Director of Mental Health.

In addition, programs for individuals with autism were transferred from DMH to a newly created Department of Disabilities and Special Needs.

Office of the State Director

The South Carolina Department of Mental Health continues to focus its efforts on delivering services to people with serious mental illnesses as close to home as possible, rather than disrupting their lives by sending them to large, central hospitals miles away from home.

In the past 10 years, therapeutic evidence has supported the view that most people who have a serious mental illness do better clinically when treated in the community rather than living in state mental hospitals. People with mental illnesses need and require close family and community support.

They get better faster and stay better longer when they receive services in their community, if these programs are reasonably funded, well organized and easily available.

Achieving this transition to local care and providing more services to children, adolescents and their families will continue as the agency's primary goals for FY 94.

Many of this year's achievements reflect the agency's continuing effort to build a comprehensive community-based system of care.

Following are the agency's major FY 93 goals and major accomplishments:

Goal I--To move the Transition to Local Care (TLC) initiative forward despite state budget reductions. Specifically, to ensure that the eight community mental health center TLC projects approved in FY 92 are implemented in FY 93.

* One hundred and one clients were placed in the community during the first year of the two-year TLC program, which was designed to take 144 patients from the state's two long-term psychiatric hospitals.

Goal II--To demonstrate participation of researchers and other academics in the service mission of DMH, and in the training of difficult-to-recruit specialists such as

psychiatrists and psychiatric nurses.

- * DMH hosted "The Research Connection," a major research oriented symposium, in September 1992. Over 160 people from community mental health centers, inpatient facilities, universities and potential funding sources attended the meeting. Representatives from various colleges and universities in South Carolina made presentations about current research interests. DMH mental health center and facility professionals presented information about possible research topics and areas of interest.

- * Through a memorandum of agreement, Byrnes Medical Center became affiliated with the USC School of Medicine for the purposes of geriatric education and training.

- * Psychiatric residents from MUSC worked in the Charleston/Dorchester, Berkeley and Coastal Empire mental health centers. USC has psychiatric residents participating in programs at the Columbia-Area, Aiken-Barnwell, Lexington and Tri-County mental health centers.

- * A contract, developed with the University of South Carolina Cooperative Education Program and the College of Nursing, made it possible for DMH to hire student nurses to work as nurse extenders. DMH hopes to recruit these student nurses when they finish their education. Efforts are underway to expand this program to include undergraduate psychology and social work students.

Goal III--To further improve the clinical information system (computer linkages) connecting DMH centers and hospitals, and to continue to monitor continuity of care.

- * During the first quarter of the fiscal year, the Department of Mental Health re-issued its RFP (request for proposal) for a new community mental health information system and selected a vendor. The new information system will provide the department with a

data base of records on all outpatients. This information will be available to all centers and hospitals. Hardware was installed at the central office, Santee-Wateree CMHC and the Orangeburg CMHC. Plans called for pilot site testing during the fourth quarter.

- * Work is underway to replace the old WANG computers in the community mental health centers with new microcomputers. These microcomputers will be networked so any computer can communicate interactively with any other computer in the department. Through the use of electronic mail, staff will be able to easily transfer data within centers and with other community mental health centers.

- * Work is underway to replace old System 36 computers at DMH facilities with new microcomputers that will be networked with one another. Plans call for this conversion to begin at Hall, Bryan, Harris, Byrnes, Tucker Center and then Morris Village. Upon completion, staff at facilities will be able to communicate data electronically between facility and community mental health center computers.

- * The Division of Information Resource Management (DIRM) prepares a monthly report on appointments made for and kept by clients discharged from the hospital. Regional directors are provided a monthly listing of all discharged clients who have not been seen, which they share with center directors for follow-up and corrective action.

- * In October 1992, SCSH social workers and CMHC hospital liaison staff began to meet monthly to discuss admissions and discharges. This improved communication and coordination. There are plans to expand this activity to other hospitals.

Goal IV--To continue to provide leadership on children's issues in South Carolina, especially as these issues relate to the emotional problems of children, adolescents and their families.

* When the department's budget was cut by \$6.8 million in early FY 93, DMH leadership opted not to cut mental health services to children.

* Eleven counties that had been without a full-time child mental health professional were funded in FY 93.

* Harris Psychiatric Hospital received funds to open 10 beds for children and adolescents. The hospital's children's unit is now fully open.

* Three day treatment programs were funded for Greenville, Columbia and Berkeley. Two Family Preservation projects were developed for Williamsburg and Hampton counties.

* The Department of Social Services, through a contract with DMH, made \$200,000 in recurring funds available to expand the Family Preservation program. Four projects will be started in July 1993 in Beaufort, Darlington, Horry and Aiken counties.

Goal V--To manage the agency within budget while minimizing the effects of externally imposed reductions.

* The department finished the fiscal year with a slight surplus despite a reduction of \$6.8 million in state funds. The balanced budget was accomplished without staff layoffs and with significant expansion within DMH community programs.

Additional accomplishments in FY 93 include:

* The total census of S.C. State Hospital and Crafts-Farrow State Hospital declined 16 percent. Total census dropped from 906 at the close of FY 92 to 758 by the end of FY 93.

* DMH developed eight Towards Local Care projects. These projects placed 114 people into community programs. These clients had either been long-time state hospital patients or clients who had repeated failures in community living.

* The number of identified consumers employed in the community increased 32 percent from the previous

fiscal year. By the close of FY 93, 358 consumers had jobs compared with 270 in FY 93.

- * DMH worked with 40 non-profit partners to submit 13 housing grant applications for 216 additional housing units for individuals with serious mental illness.

- * The number of intensive case managers working in community mental health centers grew from 50 to 118.

Director's goals for FY 93-94 are to:

- * move the Transition to Local Care initiative forward in spite of any budget cuts the General Assembly or State Budget and Control Board might impose. Specifically, to ensure that the eight TLC projects approved in FY 91-92 are implemented in FY 93-94;

- * demonstrate increasing participation of researchers and other academics in the service mission of DMH, and in the training of difficult to recruit specialists such as psychiatrists and psychiatric nurses;

- * implement the first phase of the core community mental health standards;

- * continue transition activity at Crafts-Farrow State Hospital and SCSH;

- * bring on-line at least two new Fountain House model clubhouses;

- * complete implementation of foster care, adoptions and Department of Juvenile Justice joint projects;

- * formalize planning for utilization of buildings and campuses at SCSH and CFSH as they become vacant; and

- * continue implementation of Total Quality Management.

Division of Administrative Support

The Division of Administrative Support is the component charged with the responsibility of providing consolidated administrative support to our inpatient and community treatment programs. The division is comprised of four areas that provide support as follows:

Physical plant services includes professional

engineering; special and preventive maintenance; construction and renovation; building codes and licensing standards; energy use and conservation. Nutritional services includes clinical nutritional services; food production; food delivery and food serving. Departmental services includes the departmental warehouse; consumable inventory; fixed assets; surplus property and physical plant services supply functions. Management services includes vehicle management; grounds maintenance; printing; microfilming; forms control; residential housing; vehicle and building insurance; and special projects.

Physical plant services had many significant achievements during FY 93-94. Community mental health centers are busy with department sponsored capital development plans. Physical plant services staff are occupied with the management of various projects-- assistance in architectural selection, land selection, negotiating the project through the various steps that are required by the Budget and Control Board and generally managing the project until completion.

Centers underway in the northeastern sector are Tri-County Mental Health Center in the final stages of construction in Bennettsville; design and land acquisition is progressing in Tri-County's Chesterfield and Dillon satellites; and Waccamaw Mental Health Center is currently on the market for a construction contract and will be completed during this fiscal year. Pee Dee Mental Health Center has selected an architectural firm to design a satellite facility in the Lake City area and is investigating potential sites.

In the lowcountry, centers underway are Coastal Empire Mental Health Center with land acquisition and design complete and satellites in Coastal's five-county service area progressing. Charleston-Dorchester Mental Health Center has located land for their Dorchester satellite and is currently investigating potential sites in Charleston for a main office. Santee-Wateree Mental

Health Center is currently involved in land acquisition and design of a satellite in Manning. Orangeburg Mental Health Center is selecting an architectural firm to design their new main office in Orangeburg and designs are progressing on two of three planned satellites in their service area.

In the upstate region, Anderson-Oconee-Pickens Mental Health Center has a new standing seam metal roof on their main facility in Anderson; Beckman Mental Health Center is selecting land for their Newberry and Laurens satellites with design underway; Spartanburg Mental Health Center is currently involved in selection of an architectural firm to design their main facility; and Catawba Mental Health Center is diligently searching and evaluating sites for a new Lancaster satellite.

In the midlands, Lexington Mental Health Center has received funding for a satellite office for its service area and is ultimately planning for a main center in the town of Lexington. Also, Columbia Area Mental Health Center has an ongoing renovation of their Independence House on Carter Street and has retained an architectural firm to design a small administrative building on their campus to house their administration and Friendship Center staff.

Noteworthy inpatient accomplishments are the completion of roofing projects at Bryan, Tucker Center, Hall Institute; Morris Village exterior, infirmary; and cottages and the bathroom renovation project at S.C. State Hospital. Currently, there are several projects underway designed to upgrade the air conditioning and heating systems at Byrnes Medical Center, Tucker Center and Hall Institute. Also, the Babcock Building has received a new look and enhanced safety with the repair of windows, cornice and painting of the dome and roof in its original historic color. Also, the historic wall that surrounds the S.C. State Hospital has been repaired and restored.

Also to the benefit of the inpatient facilities was the

development of a small projects system to fund small renovations, retrofits or enhancements to facility structures not generally associated with routine maintenance.

Physical plant services' goals for the coming fiscal year are the timely completion of the above projects and continued quality and preventive maintenance to buildings and systems in our charge.

Nutritional Services

During FY 92-93, nutritional services continued to improve patient meal service. The prime vendor contract was implemented in November 1992. This contract has enabled the department to select a wider variety of food products, make more timely menu changes, test the concept of a select patient menu and respond to the individualized needs of the patients we serve.

COMPUTRITION software was utilized to evaluate the nutrient content of the three-week cycle menu. This resulted in over-all menu revisions, the selection of food items that are lower in fat, cholesterol and sodium that improve the quality of the menu.

Meal tray tickets are being produced for a portion of the nursing home population using the COMPUTRITION System. The tray tickets are patient-specific and are individualized according to food preferences, likes, dislikes, allergies and special dietary needs.

Nutritionists continue to assist with the development and evaluation of the clinical nutritional care of patients via nutrition counseling and education, nutrition assessment and formulation of nutrition care goals in treatment teams. Each nutritionist serves as liaison between the SCDMH facility and nutritional services.

The study and evaluation of a Cook/Chill Prototype system continues.

Goals for FY 93-94 are to:

- * modify three-week cycle menu for seasonal changes;
- * assure that the nutritional needs of each major population group are met; and
- * implement Cook/Chill Prototype to serve 500 patients, which includes a select menu.

Department Services Operations

These operations are comprised of six sections - warehouse, fixed assets, forms supply, Columbia cluster supply, Northeast cluster supply and inventory control. Responsibilities include not only ordering, stocking and issuing of supplies but they also include the technical supervision of eight facility supply points and 23 property control points for major movable equipment. This branch also maintains records of and monitors the property of the Division of Community Mental Health, which encompasses 17 mental health centers with 115 satellite offices and seven Autistic Children's facilities.

Some of our goals for FY 92-93 were to:

- * convert Tucker Center supply to the use of a terminal instead of marking cards and sending them to keypunch to be entered;
- * effectively use the space in the warehouse created by the absence of food items being stored; and
- * help nutritional services to have a smooth transition from drawing food from the warehouse stock to receiving food from a prime vendor.

Tucker Center supply is now using terminals to enter transactions into the computer. We have added 51 new items to our list of items being stocked in the warehouse, however, there are still 47 food items that are still due to be removed from the stock listings once stock is depleted. We will continue to work with nutritional services to use up this food.

Departmental service operations has direct control over all stores that receive stock from vendors. Their

activity for the year was as follows:

Store 00

| | |
|----------------|------------------|
| Receipts | \$ 3,596,224.840 |
| Issues | \$ 3,323,573.280 |
| # Units Issued | 9,627,112 |

Store 04

| | |
|----------------|----------------|
| Receipts | \$ 927,988.210 |
| Issues | \$ 951,143.580 |
| # Units Issued | 939,253 |

Store 08

| | |
|----------------|----------------|
| Receipts | \$ 278,817.010 |
| Issues | \$ 264,347.540 |
| # Units Issued | 21,001,907 |

Store 21

| | |
|----------------|----------------|
| Receipts | \$ 230,556.760 |
| Issues | \$ 215,916.260 |
| # Units Issued | 10,021,990 |

Store 22

| | |
|----------------|----------------|
| Receipts | \$ 138,499.800 |
| Issues | \$ 108,774.830 |
| # Units Issued | 3,775,537 |

Disposal of salvage/surplus equipment and scrap during

FY 92-93 amounted to:

State Surplus Sale of Vehicles:

| | |
|------------------------|--------------|
| Total Sales | \$ 15,521.06 |
| Amount Returned to DMH | \$ 6,673.03 |

State Surplus Sales of Surplus Equipment:

| | |
|------------------------|--------------|
| Total Sales | \$ 11,513.00 |
| Amount Returned to DMH | \$ 2,628.90 |

Sales held by DMH Fixed Assets:

| | |
|------------------|--------------------|
| Bid Sales | \$ 10,237.78 |
| Scrap Silver | \$ 138.39 |
| Scrap X-Ray Film | \$ 292.31 |
| Scrap Grease/Fat | \$ 231.62 |
| Total | \$10,900.10 |

Goals for FY 93-94:

- * Through use of the LAN System, we plan to improve our communication with other areas of DMH and increase our ability to serve them.

- * We have been asking for an on line computer system for Inventory of Consumable Supplies and are hopeful of getting that this year.

Management Services

Management Services continued in FY 92-93 to support the facilities, centers and other entities in their missions through the provision of quality services. Each section met the goals that it established and utilized the resources that were available in an effective and efficient manner. Management services is a diverse component that is comprised of printing, records management, forms management, vehicle management and grounds maintenance.

Division of Financial Services

FY 92-93 continued to display improvement for the division of financial services in areas of service delivery to the other operating divisions while still maintaining the high quality standards necessary for financial transactions. This is evidenced by audit reports with no significant deficiencies.

Procurement is now automated. All bids, quotes and vendor lists are in the system. The new procurement laws are now in effect and we will be working on all of the changes to assure compliance with the new procurement code. Training schools are being organized to teach the new code to all persons responsible for procurements.

The patients' personal affairs Medicaid outreach program continues to maximize Medicaid revenue for inpatient children's services. Work continues toward more automation of activities to improve timeliness, where possible, in establishing patients' eligibility for benefits.

The community mental health center "entitlement specialist" program continues to increase the number of Medicaid-eligible clients served and to increase the amount of Medicaid reimbursement received by the department. We are close to having at least one full-time entitlement specialist in all 17 centers. Some centers have added a second full-time person. Direct computer linkages to the DMH and DSS mainframes have allowed the centers to more quickly identify Medicaid-eligible or potential eligible persons, and to quickly obtain accurate information about clients. A soon to be implemented electronic mail linkage with the State Health and Human Services Finance Commission will improve Medicaid claims resolution significantly. Technical assistance, i.e., training on eligibility criteria for Medicaid, Social Security, Supplemental Security Income, etc., as well as individual case consultation, is provided to the centers and inpatient facilities constantly by patients' resources staff.

Work continues on development of written policies and procedures for billing patients for services rendered. The reimbursement section's major objective is to maximize collections from all third-party payers for inpatient care.

Major goals for FY 92-93 included improvements in automation of the reimbursement processes. An automated insurance program is now completed and in an implementation stage.

Goals for FY 93-94 include automation of additional reimbursement processes.

Our cost development section, during this past year, successfully incorporated DMH's nursing homes into its automated cost reporting system. It now electronically prepares and submits 18 (seven Medicare and 11 Medicaid) cost reports annually to the federal government. During FY 93-94 cost development plans on doubling that number to 36.

In an effort to file the cost reports in a "more timely

manner" and to improve the department's cash flow position, cost development will submit two reports annually per provider (an initial report before 10/30 and a final report after).

The budget control section has completed its consultation visits to each of the inpatient facilities. They were well received at every facility; there is no doubt that the administrators have a better understanding of the state and departmental accounting systems as a result of these visits.

During FY 93-94, regional community mental health centers consultation meetings will be scheduled. The contacts section has worked in close cooperation with community mental health centers to facilitate implementation of TLC initiatives. Contracts have been developed for residential care home placements and Homeshare programs, and apartment leases have been expedited to assist the transition of clients into community settings. The contracts section will continue to give TLC high priority during FY 93-94 as additional programs begin.

Division of Human Resource Services

Goals accomplished in FY 93 include:

- * Employee assistance program assisted over 500 employees.
- * A nursing series classification study was completed and approved by the state division of human resource management.
- * An applicant tracking system was established.
- * Community mental health board training was conducted for new board members.
- * In conjunction with the division of clinical services and the division of planning, the division of human resource services conducted 15 programs for employees to introduce the concepts of total quality management.
- * Twenty-one cross cultural training programs were conducted with 523 employees in attendance.

* The new "Working with the Dually Diagnosed Client" curriculum was conducted three times this year. The program was attended by 92 SCDMH and SCCADA staff.

* The "Suicide Assessment and Intervention" training program was conducted for clinical staff 13 times this year, with 257 staff attending.

* A curriculum on "Psycho-social Rehabilitation" was developed this year.

* Six "Case Management" training programs were held, and 193 staff became certified.

* A new occupational health services to treat work-related injuries was opened.

* Over 3,000 employees attended training programs at DMH's Leadership Academy.

* A 10-hour "Series on Mental Illness" was held for DMH Administration Building employees. Approximately 24 staff attended the 5-session program.

The division's major goals for FY 94 are to:

* implement an unclassified pay plan for psychiatrists;

* implement an early retirement incentive plan for the department; and

* develop a variable work hours plan for the department.

Office of Communications

Office of communications staff published and disseminated the following:

* IMAGES, the department's bimonthly employee newsletter;

* "Commissioner's (Director's) Update," a monthly publication containing significant issues facing the department;

* "Newsline," a composite of statewide news articles distributed weekly to internal management;

* "DMH Weekly Bulletin," distributed to administration employees;

* "1992 Annual Report," a brochure that captures in short statements the major accomplishments of the department during FY 91-92;

* "1993 Fact Sheet" and "Important Dates in Mental Health History," two publications that offer information about the department in capsulated form; and

* "Get the Facts" (on Mental Illness) cards offering information on Adolescent Development; Attention Deficit; Depression; Eating Disorders; Mental Health Professions; SCDMH Mission; Panic Disorder; Schizophrenia; Speakers Program; Stress; Teen Suicide.

Communications staff also:

* disseminated 16 news releases;

* worked with S.C. State Museum staff to develop an exhibit about the history of mental health treatment in South Carolina, scheduled to open in May 1994;

* conducted a May Is Mental Health Month education campaign, "Check It Out," targeting elementary school children;

* Helped coordinate a media workshop for non-profit sponsors of housing projects for DMH clients. This workshop showed sponsors how to handle media and community inquiries regarding the issue of housing for people with a mental illness.

* coordinated a Speakers Bureau; and

* provided graphic art services.

Citizen involvement in the form of volunteer activity and resource development became a high priority during FY 92-93 as the department's goals moved programs toward local care.

Two mental health centers hired full-time volunteer coordinators. Several centers effectively reorganized programs, resulting in increased numbers of volunteers, donations and hours.

Approximately 7,247 volunteers, including 575 consumers, provided 131,639.57 hours of service. The monetary value of statewide volunteer involvement was \$1,774, 313.78.

Communications goals for FY 93-94 are to:

- * identify ways to improve internal communications. Use focus groups and an employee communications survey to determine changes the department and the office of communications can make to improve the flow of information throughout the DMH system;
- * act on as many recommendations from the survey and focus groups as possible that will improve internal communications. This could mean things such as changing the format of IMAGES and/or starting additional publications;
- * conduct a Mental Illness Awareness Month educational campaign aimed at state high school students;
- * continue to publish IMAGES, Get the Facts cards, DMH Fact Sheet, Annual Report, etc. and resume publishing FOCUS, the department's external newsletter;
- * publish a special Transition to Local Care annual report about the transition movement's progress;
- * produce a video about the transition process;
- * in conjunction with S.C. State Museum staff, develop and open (May 1994) an exhibit about the history of mental health treatment in South Carolina; and
- * provide consultation and services to DMH facilities and centers as needed.

Office of General Counsel

The attorneys in the office of general counsel presented approximately 50 programs on legal issues relevant to Department of Mental Health clients, staff and operations. Many of these presentations were made to department staff members at mental health centers, inpatient facilities, specialized staff training programs and the DMH leadership academy.

In addition, presentations were made to groups outside the department including staff members of other state agencies, probate judges and family court judges.

The topics included mental health legal issues in landmark court cases, laws and regulations affecting employment actions, laws relating to patient care, and statutes establishing the procedure for commitment to involuntary treatment.

The Department's attorneys also provided consultation regarding mental health legislation as it progressed through the S.C. General Assembly. The General Assembly passed legislation that requires consideration of parents of emotionally disturbed children and adolescents for appointment to community mental health boards, as well as numerous acts of legislation which clarified and made technical corrections to the children's commitment and adult commitment statutes.

Office of Internal Audit

A primary objective of the office of internal audit is to increase resources available to the agency in support of the agency's mission. An "audit of the business" approach seeks opportunities to increase revenues, decrease expenses and maximize efficiencies within the organization. The continuous monitoring of agency activities helps ensure compliance with established policies and procedures.

During this fiscal year, audits were initiated in significant contractual areas for the first time. Audit activities included hospital facilities, community mental health centers, drug fine collections, data processing reviews, compliance audits and special projects. A formal risk assessment program provides improved audit selection techniques.

Goals for the coming year include a continuing shift of emphasis to the more significant opportunities for audit and increasing the effectiveness of OIA work.

Office of Public Safety

The Office of Public Safety continued to provide a

high level of law enforcement and fire and safety services to protect DMH residents, employees and property.

During the past fiscal year, public safety staff responded to over 13,152 calls for assistance throughout DMH, in excess of 13,000 hours were spent by staff in dealing with these calls.

General staffing of public safety personnel has continued to be reduced due to budgetary restrictions; however, the division overall has been able to absorb these reductions and continue to provide quality service.

Training of public safety staff remains a high priority, and all officers were in compliance with the S.C. Law Enforcement Training Council's Training Standards for Law Enforcement during the fiscal year.

The public safety investigation section continued to provide professional detailed investigations when called upon. This section was involved in 444 separate incidents, involving allegations of criminal and/or policy violations throughout DMH. As a result of those investigations, several arrests were made as well as disciplinary actions carried out by supervisory personnel. The investigation section was instrumental in the recovery of over \$39,600 in money and property belonging to DMH, the patients and staff.

One goal for the coming year is to update training for public safety staff emphasizing not only law enforcement training, but training for supervisory personnel in dealing with subordinates, and training for our officers in dealing more effectively with the patients.

Office of Quality Assurance-Standards, Advocacy and Monitoring

A review of the office of quality assurance-standards, advocacy and monitoring, its functions and relationship with other service divisions, was undertaken this year. The study was initiated after the retirement of the first director of the office. A blue ribbon committee on quality assurance report suggested that a division of

quality improvement emerge from the previous office of quality assurance. The committee's focus on quality improvement and advocacy clarified the division's mission and suggested several changes in function. Most notably, the monitoring function was reassigned to the clinical services division. This change, as well as other changes suggested in the report, are being implemented. The division of quality improvement will be a major stakeholder in the movement toward quality psychiatric services in the public sector.

During this year, the office has monitored all mental health centers and selected inpatient facilities. Areas for improvement have been identified in each site and quality improvement initiatives to address the identified concerns have been initiated by the centers and facilities resulting in multiple process improvement during the year.

Advocacy has resolved approximately 600 requests for patient rights assistance during the year. These interventions by the advocacy staff have been reported back to the people requesting rights assistance. Further, the requests for assistance have been monitored by the governor's ombudsman office. The result is, neither the patient nor the ombudsman's office asked for further action to resolve the issues in any of these cases.

Division of Clinical Services

Special Division Alcohol and Drug Services

The Department of Mental Health and the S.C. Commission on Alcohol and Drug Abuse designed a model array of services for people who are chemically dependent, as well as, services that would meet the special needs of children and adolescents and people who have a dual diagnosis of a major mental illness and addiction.

Resource requirements to implement the model have been drafted, with a plan to refine these with local mental health and alcohol and drug abuse commission

staff.

The two agencies piloted a dual-diagnosis training curriculum in three regions in the state: the Low Country, Pee Dee and Piedmont regions. It is scheduled to be given in its final form in the Midlands region in September, with DOADAS taking lead responsibility.

Emergency admission guidelines were issued to hospitals, community mental health centers, local commissions, probate judges and other interested parties involved in the commitment process. The guidelines were designed to help medical and non-medical providers assess whether two main statutory requirements were met: 1) chemical dependency and 2) substantial risk.

Detox services were transferred from Byrnes Medical Center to Morris Village this year. That move went smoothly and is working well. The Department of Mental Health, in conjunction with the Department of Alcohol and Other Drug Abuse Services, supported a study of the involuntary commitment law in Spartanburg County. The task force is now looking at what programs might be implemented to reduce admissions to Harris Hospital and Morris Village.

A growing issue within the department is recognition that a sizeable number of people with psychiatric disabilities use, abuse or become dependent upon alcohol and other drugs. These patterns can result in relapse and re-admission. The department will be developing strategies and beginning their implementation this year to train mental health professionals to assess and treat the problem and will begin incorporating treatment into the community support and psychosocial rehabilitation programs that serve psychiatrically disabled people.

Special Division Services for Children, Adolescents and Their Families

The ultimate goal of this division remains to

develop a statewide system of mental health services to address the various needs of our state's young people and their families. The system of care must contain the broadest array of services possible and be family-focused, community-based and culturally competent.

During FY 92-93, the department maintained mental health services for children, adolescents and their families as its number one priority. This perhaps is most clearly illustrated by the department holding children services harmless while absorbing a \$6.8 million cut. In addition, one-time funding was made available which helped community mental health centers develop a wide range of services including family reunification, school-based and crisis stabilization services.

The following were major accomplishments in FY 92-93:

- * A primary goal was to ensure that each of the state's 46 counties had at least one child mental health professional. At the beginning of FY 92-93 there were 11 counties without such professional personnel. During this year, the goal of having child mental health professionals in each of the state's counties was achieved.

- * The two federal grants that were awarded to DMH last year for children services were fully implemented. The first SAMSA Research Grant targeting the replication of family preservation in rural services was viewed as successful even though numerous personnel problems were encountered. The second grant, State Level CASSP Grant resulted in the development of a draft child mental health curriculum. This curriculum was piloted with 17 child mental health professionals from across the 17 mental health centers. Next year will focus upon the provision of on-going services to this initial pilot group and the training of another one to two cohorts of professionals.

- * In addition to the two-day treatment programs implemented last year, three additional projects were

funded. All three projects were implemented in the counties of Richland, Berkeley and Greenville. This brings to five the total number of day treatment projects to be used as both diversion and step-down services.

* With the state's DSS going through a total restructuring, DMH looked at ways we might support this important child serving system. To that end, the Child Mental Health/Child Welfare project was developed. With funds being provided by the Health and Human Services Finance Commission, the plan was to hire a minimum of one child mental health professional for each county, who would be out-stationed in the local child welfare office providing mental health services to children in the foster care and, child protective services systems. The recruitment of the necessary personnel has begun.

* DMH hosted the 7th Annual Children, Adolescents and Their Families Conference. Over 300 child mental health professionals from across the state from all child serving agencies attended. This year's theme was "Youth Violence: Prevention and Intervention Strategies." This was a direct response to the realization that the public mental health authorities must become far more active players in addressing the escalating youth violence problem in our state and country.

* With the success of the Bryson School Project, several centers took it upon themselves to increase their provision of school-based services. Though all of the projects may not be as formal as Bryson with a full time child mental health professional out-stationed in the school, several centers such as Lexington, Richland and Charleston are improving their linkage with schools.

* With the direct financial assistance of DSS, funds were made available to expand by four the number of family preservation projects. One of the most notable achievements of the family preservation effort has been its continued ability to generate a high level of interagency cooperation and financial support. Recruitment began for the implementation of the four

additional projects which brings the total number of DMH's family preservation projects to 16.

* In an effort to ensure that the efforts of DMH were consistent with the needs of children, adolescents and their families, several consultants were brought in to provide assistance to the department. Most notable were Dr. Jane Nitzer, Dr. Bob Freedman and Dr. Gary Melton.

* Realizing the multi-agency requirements of many of the families that are served, numerous meetings were conducted between the directors of the state's child serving agencies as the importance of children's policy and programs were stressed. In addition, advocacy groups in the state concerned with children's mental health issues organized and advocated strongly on behalf of those young people in need of mental health services. Central to this effort was a grant awarded to the S.C. Alliance for the Mentally Ill for the development of a statewide parent support network. A director and outreach person (both parents) were hired and a newsletter developed. In addition, several regional meetings were held to inform parents of this activity and to solicit their involvement.

* This year also witnessed the initiation of campus visits for the purpose of recruitment of child mental health professionals. Given the dearth of child mental health professionals in our state outside recruitment was viewed as an important undertaking.

Goals for FY 93-94 are to:

- * increase the campus-based recruitment efforts for child mental health professionals;

- * through collaboration with the Department of Juvenile Justice, develop and fund mental health services for juvenile offenders; and

- * through multi-agency efforts increase the number and quality of in-state clinical resources to better serve our state's children and reduce the numbers of children going out of state.

Special Division Developmental Disabilities

Programs for Persons with Mental Retardation:

The process for transferring individuals with mental retardation has slowed significantly this fiscal year. Limited numbers of certified placements in the Department of Disabilities and Special Needs impedes the transfer of people who are psychiatrically stable. Joint agency reviews of about 54 clients were held in January 1993, resulting in 22 people being found eligible for transfer. About eight of these individuals were placed by community mental health centers by the end of the 1993 fiscal year; two had been placed by DDSN. A second review was scheduled in July 1993, for about 49 people, most of whom appear ready for discharge.

The department is reviewing the overall program at the ICF/MR this year. A major issue that will be addressed is the best way to care for people with mental retardation who are acutely psychotic. It may evolve that the acute psychiatric hospitals are the best resource for stabilization with the ICF/MR providing long term psychiatric care for those who need it. The key to using these treatment options based on client need is to be able to discharge people in a timely manner when they have stabilized. The ICF/MR currently also serves as temporary placement resource for DDSN clients when placements are unavailable in that system. These are issues the two agencies will be addressing in the coming year. Also, in the coming year, the working relationship between local community mental health centers and DDSN boards will be explored with the goal of strengthening these working relationships.

Programs for Individuals Who Are Deaf and Mentally Ill:

This program has obtained land and will begin construction of a group home that will serve as an alternative for a number of clients who need support living arrangements with peers in the community. The community program has continued to expand, and state-

wide 24-hour emergency services will become available to deaf and hard of hearing citizens. Expansion of outpatient services and educating staff about the needs of deaf individuals has continued. The uniqueness of the program and the availability of trained staff has resulted in DMH being asked by other state agencies and out-of-state agencies to perform evaluations of deaf clients.

In February, a team went to Florida to help develop crisis counseling services for victims of Hurricane Andrew. As a result, the outline of a general mental health program for deaf and hard of hearing individuals also developed. There is potential to develop a national research and technical assistance center in South Carolina for this population. Transitional activities along with the Public Academic Consortium and regional Human Resource Development activities place South Carolina in a strongly competitive environment for this grant.

Programs for Individuals with Autism:

This program was transferred to the Department of Disabilities and Special Needs as a result of the state's reorganization. Expansion of community placements has been hampered by an absence of new resources. The regionalization of the program was fully implemented resulting in a consulting and monitoring role of state level staff, with operation responsibilities transferred to regional directors. School consultation, parent training and in-home evaluation continue to be strong elements in the program. The transfer of the program is going very smoothly and will be fully implemented by late August 1993.

Emergency Preparedness Planning and Response:

Under the leadership of the State Office of Victim Assistance and with the active participation of many other state and local agencies and interests, an agreement has been drafted for the organization of the S.C. crisis response team consortium. The purpose of the consortium is to assist communities to develop crisis

response teams to aid victims of critical and traumatic community incidents such as random violence, local natural or manmade disasters, etc. In addition, the consortium proposes to make trained debriefers available to communities who need this assistance in responding to the emotional aftermath of a critical incident. Training and consultation are also goals of the consortium and procedures for involving the consortium membership in local and major disasters has also been outlined. The group completed the affiliation agreement, which was disseminated to interested agencies and individuals by Governor Carroll Campbell. Most key state agencies have applied for membership in the Consortium and a growing number of people are applying to become debriefers.

Special Division Elderly/Long Term Care

The division of elderly/long term care completed the following major accomplishments:

- * On Oct. 16, 1992, DMH, along with a number of other co-sponsors, hosted a state-wide conference, "Innovative Treatment Strategies for the Elderly." Over 200 participants heard professional presentations on such key elements in elderly treatment as depression, physical aspects of aging, geriatric diabetes and assessment and approaches to agitation and aggression in the community. Incorporated into this state-wide meeting was a component of the National PACE Conference held in Columbia during the same time period. PACE participants were from such distances as Maine, Washington and Hawaii.

- * DMH was again successful in sponsoring a basic geriatric specialist course at the Summer School of Gerontology conducted the week of July 25-30, 1993, at Winthrop University in Rock Hill, S.C. This course was conducted by four mental health professionals and two physician-psychiatrists and was certified as a 30-hour certificate program for social workers, licensed professional counselors and registered nurses. This basic

course is part of an ongoing series of two basic and two advanced geriatric specialist courses conducted each year under the auspices of DMH. Participants in these courses are drawn from both hospitals and numerous community-based agencies including mental health centers.

- * Significant staff support was provided to the blue ribbon task force to determine the structure and service system for Alzheimer's Disease victims and their care-givers.

The S.C. Legislature established a blue ribbon task force to study the organization and service needs/delivery system for appropriate responses to Alzheimer's and care-givers. Staff support to this process includes involvement in the state-wide Alzheimer's advisory task force and numerous other related committees providing research and program materials for the task force. The final report is due in early fall to the Joint Legislative Committee on Aging with further legislative activity planned for the 1994 session. Although the division on aging, governor's office, has been recommended to take the lead with this Alzheimer's Disease and care-giver activity, DMH will continue to provide related essential services as it has in the past.

- * There was completion of a mental health center survey of geriatric specialists and their service needs/delivery system both now and projected over the next one to three years. The purpose of this survey was to provide a base of information that more clearly summarizes the current number of geriatric specialists, primary service components, service sites and types of interagency activities at the county level. Additionally, the survey requested respondents' projections of need for the same elements over the next one to three years. This information was intended to be utilized for goal oriented planning and implementation with regard to mental health center elderly services in the period of 1994 to 1996.

Division of Community Mental Health Services

Aiken-Barnwell Mental Health Center (Aiken and Barnwell counties)

During FY 93, the center tried to refine its new triage process so as to avoid the past excessively long waiting periods for new clients. During the past year the waiting period for new clients remained under three weeks except in our North Augusta office where sometimes it was up to six weeks.

A vacant clinical position in that office is being filled to reduce caseloads and the waiting period. Patients being discharged from the state hospitals are being seen within 10 days or less, and efforts are being made to reduce this further.

The center gradually increased its staff from 70 to 81 during FY 93. Staff increases were: two new full-time psychiatrists; three clinical staff for the TLC project, working with high management clients discharged from the State Hospital; two child and adolescent services clinicians to work with foster care children; two clinicians to serve the general outpatient population; one additional clinician to work with center clients in a community residential care facility; and an entitlements specialist for increasing Medicaid reimbursements.

There was an average of 158 clients admitted or re-admitted per month to center services; an average of 882 clients treated monthly; and a total of 45,613 client contacts for the year. This represents a 3 percent increase in client contacts over the previous year.

The increase in staffing served to increase the quality of client care through an increased provision of psychiatric services by the two new psychiatrists, permitting increased frequency of psychiatric coverage in the Barnwell and North Augusta offices and through the establishment of special projects serving specifically high-management clients being released from the state hospitals (TLC) and also serving children in foster care.

In September 1993, the center developed a special team to work with high-management clients to be discharged from the state hospitals. Through use of the center's short-term stabilization home (STSU), three beds were made available for these clients.

With this resource, plus a high level of intensive case management and daily living skills development, the center was able to assist nine clients to gradually transition into independent living situations in the community.

In June, as a result of the death of one of its operators, the STSU ceased operations, and therefore, additional patients were not able to be served in the program. This STSU is in process of being reorganized to be operated by center staff as a 5-bed community residential care facility specializing in the care of those psychiatric emergency cases needing short-term crisis stabilization and those high-management clients needing intensive case management for transitioning back into the community.

The center's child and adolescent program expanded to provide services to children who are either in foster care or in danger of needing such placement.

One counselor in Aiken County works with the local office of the Department of Social Services and another is being recruited for Barnwell County. In addition, two counselors provide services to children at Helping Hands, a residential program for abused or neglected children in Aiken.

Through the use of intensive case management, counseling and educational approaches, the expectation is to stabilize dysfunctional family patterns to enable the children to remain at or return to their homes.

Goals for FY 94 are to:

- * develop more effective outreach and case management services for the psychiatrically disabled;
- * establish an effective short-term stabilization program;

- * develop an effective inservice training program;
- * build a centralized center facility in Aiken; and
- * avoid a budget deficit.

Anderson-Oconee-Pickens Mental Health Center (Anderson, Oconee and Pickens counties)

In FY 92-93, the Anderson-Oconee-Pickens Mental Health Center increased its day programs for chronically mentally ill clients by 100 percent and accomplished most of its goals for the year by hiring new staff and expanding after-hour services.

The center now operates five day psychosocial clubhouses or rehabilitative psychosocial therapy (RPT) programs in the tri-county area. During the past year, it opened Foothills Clubhouse in Oconee County, Networks Clubhouse in Pickens County and expanded the already on-going Toxaway RPT program into the Anderson area's largest community care home for two hours each weekday.

Much needed physical improvements were made to the Anderson Center. A new roof was put on the main part of the clinical building, and its parking lot was expanded. An additional wing, providing an extra 4,600 square feet, is also under construction at the Pickens Clinic.

The center met its goals of hiring: new intensive case managers, bringing the total to 10; a volunteer coordinator; an occupational training coordinator; and a consumer affairs staff person. The goal of hiring new family preservation project staff for Pickens and Oconee counties has not yet been met and will remain a priority for FY 93-94.

Another major accomplishment of the year was a workshop, "Building Bridges," for consumers, staff and community agencies and groups. It was sponsored by the center, the area's Alliance for the Mentally Ill and Mental Health Associations in their first recent major cooperative project.

The center did not meet its goal of staffing a mobile crisis unit due to lack of funding, but did provide staff on a daily basis for after-hours treatment in the emergency room of the Anderson area's regional hospital.

Center goals for FY 93-94 include:

- * opening a non-medical facility in the Anderson area for crisis stabilization;
- * providing face-to-face, after-hour coverage in Oconee and Pickens counties at safe sites;
- * opening a Children's Day Treatment Program and constructing new facilities for C & A services in Anderson;
- * adding to area housing for the chronically mentally ill by constructing apartments with HUD funding in cooperation with the Mental Health Association;
- * furnishing physical improvements to existing sites by re-roofing two auxiliary buildings in Anderson and setting up a new center phone system;
- * exploring purchase of medications for clients through the Harris Hospital pharmacy; and
- * enhancing revenue to assure a balanced budget.

**Beckman Center for Mental Health Services
(Greenwood, McCormick, Saluda, Edgefield, Laurens,
Abbeville and Newberry counties)**

The Beckman Center for Mental Health Services continues a creative and aggressive approach to meeting the mental health needs of South Carolina's largest geographic catchment area. We are very proud that despite fiscal limitations and demographic obstacles, we were able to meet or exceed established goals between July 1, 1992 and June 30, 1993.

Development and expansion of services to children, adolescents and their families continues to be a priority. In July 1992, the Saluda satellite filled its position for C&A clinician; now all seven counties have local accessibility.

In October 1992, the Laurens satellite added their

second C&A professional. In March 1993, second C&A mental health professionals were added in Newberry, Abbeville and Greenwood satellites. Psychiatric services for this program provide a real strength with services now available in six counties by child psychiatrists.

On Nov. 11, 1992, the Laurens satellite became Beckman's first to move C&A services into a separate children's clinic. We are proud of the increased program identity and more wholesome environment in which to serve our youth.

In March 1993, Beckman Center, with financial assistance provided by The Self Foundation, sponsored a two-day seminar on Child Sexual Abuse with nationally recognized speaker, Ethel Amacher. Approximately 175 people attended including all C&A-related Beckman staff. This helped to prepare our professionals for court involvement and to appropriately utilize the anatomically correct dolls recently purchased for all satellites.

The volunteer program also became much more viable during this time period. In October 1992, a revitalization effort was undertaken with the support of local management and DMH. A center-wide volunteer committee was structured in December 1992, which continues as a strong organizational element. Between November 1992 and through June 1993, the average monthly number of volunteers was 70, who contributed 2,268 hours of service. During the same eight-month period, \$25,090 in cash, materials and in-kind donations were received. In eight months, this represented a total volunteer investment to the agency of \$45,573. This was accomplished without the benefit of a full-time volunteer coordinator. Additionally, this agency was proud to participate in January 1993 with DMH and Erskine College in a student placement partnership.

Beckman Center sustained its on-going goal to increase revenue generation through billing and collections. Revenues increased in estimated excess of 20 percent. To further facilitate this effort, our first

entitlement specialist was hired in June 1993.

In meeting projections of computer expansion, all seven Beckman satellites were brought on line with center administration and DMH mainframe. This was accomplished through modem installation.

Exploration of housing development continued. In September 1992 our management team visited Columbia area housing projects and received orientation by their staff. Between November and December 1992, a housing development plan was formulated and presented to our board of directors. In January 1993 DMH staff presented a review of housing to the board. Though our board has directed a conservative approach to housing development, our agency continues to work toward this goal.

Program expansion continued with the establishment of our fifth restorative independent living skills program in February 1993. This Edgefield RILS began in donated space with construction underway on a permanent building. Completion is expected by September '93.

In FY 94, Beckman will give special attention to implementation of new program standards released in June by DMH. A major priority will be the establishment of an intensive case management program in all seven counties. Efforts are under way to establish 10 new ICM positions--two each in Greenwood, Laurens, and Newberry and one each for Abbeville, Edgefield, McCormick and Saluda.

Efforts are under way to establish an adolescent day treatment program in Laurens. Partnerships are being explored with Presbyterian College and with Thornwell Children's Home.

During FY 94, Beckman proposes to create and fill a full-time position for volunteer coordinator. Similarly an employment specialist position will be proposed. A consumer affairs coordinator slot has been created and will be filled early in FY 94.

Another restructuring effort will be identifying triage workers in each of the three largest offices to facilitate emergencies and new screenings. This is a direct attempt to reduce the number of psychiatric hospitalizations from our area.

Also designed to reduce hospitalizations, a non-hospital intensive day program has been proposed with suggested development during FY 94.

A sixth restorative independent living skills program is projected to begin in FY 94. Targeted for Saluda, this will place RILS in all but one catchment area county.

To further enhance revenue generation and to provide needed client assistance, a second entitlement specialist will be hired within the next three months.

A major obstacle to client mobility is the lack of public transportation in all of our counties of service. To minimize this barrier, volunteer drivers will be recruited to assist with client transport.

Beckman continues building efforts. In addition to the construction soon to be completed on Edgefield's RILS facility, a new Laurens RILS home will be ready by January 1994. Efforts continue toward new construction of clinical offices in Laurens and in Newberry with funding already approved. Groundbreaking is projected for both during FY 94. A facility for the anticipated Saluda RILS program has been negotiated and should be completed early in 1994.

Berkeley Community Mental Health Center (Berkeley County)

The clients and staff of the Berkeley Community Mental Health Center continue to enjoy our new facility on Stoney Landing Road in Moncks Corner. We believe our presence in this building has been a factor in the 28 percent increase in requests for services during FY 92-93. There has been a 14 percent increase in the average number of active cases during this period.

The center is open two evenings a week until 8 p.m. This has been desirable for children and for working adults. The extended hours have also enabled us to increase the amount of psychiatric coverage by employing physicians who are available in the evening.

Two mental health professionals have been employed to provide intensive case management services to children and their families. Two additional mental health professionals have been employed to provide this service to adults who have a diagnosis of chronic mental illness.

The two-day treatment programs have been restructured to provide a continuum of rehabilitative psychosocial therapy and restorative independent living skills to chronically mentally ill adults. In an effort to increase services to children and their families, a day treatment program was started in a middle school in Goose Creek. Contracts allowed our staff to provide services to Head Start children and to children in four rural elementary schools as a part of a federal grant obtained by the school system.

Two consumers have been employed by the center and two clients serve as center volunteers, assisting in the administrative and clinical areas. A consumer advocate will be employed. Employment of center clients has increased through the joint efforts of our vocational specialist and the Department of Vocational Rehabilitation.

HUD failed to approve the second application for funding to build apartments. It is expected that existing housing may be available with the decrease of military personnel in the catchment area. Further study will need to be done prior to determining how to proceed with our commitment to provide desirable housing options for our clients.

The Berkeley Center had the second lowest DMH inpatient admission rate per 100,000 population. On June 30, 1993, five Berkeley County residents were

hospitalized at S.C. State Hospital and four were hospitalized at Crafts-Farrow State Hospital. The staff is committed to treating clients in the community when possible.

Due to a lack of resources, we have not developed local crisis beds nor explored the location of an office in the southern end of Berkeley County. These continue to be priorities that cannot be addressed at the current funding level.

In an effort to address issues of staff morale, "Our Day Apart" is designed quarterly to allow staff to attend training, plan and evaluate services, problem solve, catch up on paperwork and share together a noon meal. This time is planned by the center's advisory committee, which meets with the center director twice monthly to problem solve and discuss issues in the work place.

Emphasis has been placed on providing an increased number of training opportunities at the center. Continuing education units are a priority for all disciplines of clinical staff.

Major goals for FY 93-94 are to:

- * apply population definitions provided by DMH to current and new cases;
- * evaluate and increase, when possible, productivity of clinical staff;
- * increase revenue collections;
- * increase total psychiatric coverage;
- * employ a full-time child psychiatrist
- * provide CPR certification training for all staff;
- * provide supervisory training for all supervisors;
- * provide training opportunity in mental health area for community service providers;
- * employ a consumer advocate;
- * employ an entitlement specialist; and
- * increase housing and employment opportunities for consumers.

**Catawba Community Mental Health Center
(Chester, Lancaster and York counties)**

During FY 92-93, Catawba Community Mental Health Center continued its efforts to enhance employment opportunities, housing options, case management services and activity programs for the chronically mentally ill. Also, the center made advances in developing additional services for children and adolescents.

The center became an active participant in the toward local care (TLC) movement by receiving a grant to place hospitalized patients in living situations with local families. This is known as the Homeshare Project.

During the year, the project staff were hired, potential participants were interviewed at the hospital, and potential families were recruited and trained. By the end of the year, five families had completed training, and three patients were being considered for placement. This process will continue into the new fiscal year. The goal is placement of six patients into the program. A total of 17 patients have been returned to the community as part of the TLC effort.

The center received a grant from the Catawba Regional Planning Council to hire a staff person and to set up community employment opportunities for consumers. The vocational network coordinator and the center job coach work as a team. A total of eight job placement slots were developed in a six-month period. This project will be continuing on an expanded basis.

Planning continued on the center's HUD 811 project, which is funded to construct 20 single apartments for mental health consumers. It is anticipated that construction will start early in FY 93-94, and that occupancy will take place in the spring 1994.

Three mental health consumers now live in a three-bedroom residence in the community, which is owned by the Alliance for the Mentally Ill and which has been refurbished and furnished by members of the Alliance

and a large number of volunteers.

In the area of intensive case management, the center has sought to make more intensive services available to residents of the area who have many repeat admissions to the inpatient system. An identified intensive case manager now works in each county.

A goal for the Carolina Clubhouse was to embark on a transition to the concept of the work ordered day as embodied in the Fountain House Model.

Staff and members were involved in a one-week training program at Adventure House in Shelby, N.C. In addition, a staff/member retreat was conducted in conjunction with colleagues from Gateway and Adventure House. The Clubhouse officially made the shift to the work ordered day in April. The initial consumer satisfaction survey indicates that the change was received very positively by consumers.

Rehabilitative psychosocial therapy groups are now provided five days per week in all three counties. Between 60 and 70 individuals are served in these groups.

The mental health center developed its second family preservation project under the supervision of the newly named Catawba Family Center. The Family Center is the child/adolescent/family program for York County. In addition to an expanded program, the Family Center moved to a larger more adequate facility.

Planning goals for FY 93-94 are to:

- * complete the transition of the Carolina Clubhouse to the Fountain House model;
- * complete construction and occupy the Carolina Place (HUD 811) project;
- * implement plans to more closely involve advocacy and consumer groups in Center operations;
- * develop plans for implementing school based services in each county;
- * begin construction of a new mental health facility in Lancaster and submit plans for new facilities for Chester and York Counties; and

* sponsor a multi-agency conference dealing with school truancy issues and assist in developing plans for each county to address the problems related to school truancy.

Charleston/Dorchester Community Mental Health Center
(Charleston and Dorchester counties)

As SCDMH continued its emphasis on community-based services and less reliance on central hospital services, the Charleston/Dorchester Community Mental Health Center experienced substantial growth despite a small cut in state funding. Compared to the previous year, the center's active case load increased 11 percent to 2,688, the number of employees increased 14 percent to 147 and the budget (expenditures) increased 6.1 percent to \$6,647,030. These significant increases were almost entirely funded by Medicaid revenue.

The focus of services continued to be on major psychiatric emergencies, on persons with serious and persistent mental illnesses and on seriously emotionally disturbed children. Community-based (e.g., home visits) versus office-based services increased dramatically throughout the center, which continued to be among the two or three of the 17 centers with the lowest psychiatric admission rates to central SCDMH hospitals. Despite the increase in staff, the demand for services exceeded resources, and the center further tightened criteria for provision of services to adults and children.

The center continued its major emphasis on increasing productivity and Medicaid revenue and led the state in terms of percentage of clients Medicaid-entitled and in percentage of increase of Medicaid revenue. A significant budget deficit projection in October resulted in major staff efforts to reconfigure services and increase productivity, with the result that the center ended the year with a small surplus.

A number of administrative changes occurred

including new personnel in the roles of assistant center director, director of the Dorchester Clinic, and director of administration.

An architect was selected to design the long-planned new center facilities, and a concerted effort to finalize the selection of property in Dorchester and Charleston counties continued. Staff and consumers were actively involved in the planning of these major projects.

The center participated in three major new grant applications focusing on mentally ill adults who are homeless and/or also substance abusers, and on children's services.

Consistent with the goals specified last year, the center accomplished the following:

- * expanded children's services in both Charleston and Dorchester counties;
- * increased psychiatric jail services to five days a week;
- * established a foster care program for adult patients being discharged from SCDMH hospitals;
- * initiated 24-hour emergency services for Dorchester County; and
- * reorganized services for dually-diagnosed patients (mentally ill substance abusers) while also adding an intensive case management program for these clients.

The center did not hire a local hospital liaison after further study of the issue indicated that current resources could adequately manage this activity. The center did not establish another hoped-for PACT program because grant funding did not materialize.

Other program activities included establishment of a new "day hospital" program for highly unstable adult patients, initiation of increased services to clients in residential treatment facilities, establishment of a school-based intensive program for seriously disturbed adolescents, and very significant expansion of home and school-based services for children.

Goals for the coming year include:

- * establishment of a day program for dually diagnosed clients;
- * hiring of a consumer advocate;
- * completion of a long-range staff development plan;
- * start of construction of new facilities in Charleston and Dorchester counties; and
- * further expansion of children's services including into the McClellanville area.

**Coastal Empire Mental Health Center
(Allendale, Beaufort, Colleton, Hampton and Jasper
counties)**

Since its establishment in 1966, the Coastal Empire Mental Health Center board and staff have remained committed to providing high quality mental health services to the citizens of our five county catchment area.

The center currently has 74 staff members operating from 11 locations. Six of these are outpatient offices and four are restorative independent living skills clubhouse programs (RILS). During the upcoming FY 93-94, the center plans to put in place programs, services, staff and all associated support for these to as fully as possible fulfill the mission of the Department of Mental Health and the center in our catchment area.

The center made significant progress on its goals for FY 92-93:

- * The center worked closely with Beaufort Memorial Hospital to develop a local psychiatric inpatient unit. A certificate of need has been submitted to the Department of Health and Environmental Control, and the hospital's plan is to open the unit March 1994. This will provide much needed local psychiatric crisis beds.

- * The center has worked with the Beaufort-Jasper Mental Health Association to develop decent, affordable housing for people with psychiatric disabilities. As part of that effort, a site has been selected for construction of 12 single unit apartments.

* The center has continued the utilization of groups for clients with less severe disabilities that can be effectively served by short term, time limited groups.

* A Family Preservation Program has been implemented in Hampton county with the hiring of two child and adolescent therapists. Intensive in-home intervention was available in Beaufort.

* The Colleton County Magnolia Place Clubhouse has been relocated to larger and more suitable quarters. This older historic home was renovated by the owner for our needs.

* An intensive case management team has been implemented in Colleton County. The team is to be composed of three case managers with a total caseload of 60 patients.

* A therapeutic summer day camp for at risk youth was held again this year with clients coming from Beaufort, Colleton, Allendale and Hampton counties.

* The center increased the availability of services for clients in Jasper county by moving from two days per week to four in the Dream House Clubhouse.

* The center increased the hours of operations in our clubhouse program in Hampton and Colleton counties, providing a total of eight more hours per week.

Goals for FY 93-94 are as follows:

* continue the planning for the development of the local psychiatric inpatient unit at Beaufort Memorial Hospital to be opened in March 1994;

* implement a triage team to better provide structured availability of crisis services and timely assessment of intakes;

* to increase and improve consumer participation in program planning and evaluation by hiring a consumer affairs coordinator;

* to increase the number and range of services to persons with persistent and severe mental illness by expanding the rehabilitative psychosocial therapy (RPT) service in the Beaufort Clinic office from one day per week

to three days per week and by implementing an RPT in Colleton, Hampton and Allendale counties;

- * develop and implement a family preservation program for Beaufort county;

- * hire one DSS-DMH foster family reunification worker for each of our five counties;

- * increase the amount of psychiatric coverage by increasing psychiatric coverage from 2.8 to 4.2; and

- * to increase the use of volunteers within the center by developing and implementing a recruitment plan for volunteers to include job descriptions for volunteers.

Columbia Area Mental Health Center (Richland and Fairfield counties)

The Columbia Area Mental Health Center developed and implemented 11 new programs during fiscal year 1993 to provide community treatment for seriously mentally ill individuals. Individuals from long term inpatient facilities and seriously emotionally disturbed children were targeted for intensive, supportive services enabling them to avoid institutionalization and enhance the quality of their lives.

Since January 1992, 42 individuals from long term inpatient facilities have moved into the renovated Carter Street apartment facility. Of these clients, only nine have returned to the hospital and 14 others have moved out of Carter Street into more independent living arrangements. Additionally, six community care home residents have moved into the apartments. The success of the program is largely attributed to having intensive treatment staff available 24 hours per day, seven days per week to provide the needed level of support required in order to maintain community tenure.

Two projects were funded through the DMH toward local care proposal process. These projects moved 10 patients out of state hospitals into enhanced community care home living arrangements and moved two long-term community care home residents to PACT team

supported independent living in the community.

With start-up funding from DMH, Columbia Area implemented the elder support activity therapy program. This five day per week program is designed to reduce isolation and provide reality orienting and life enhancing supportive structure for elderly long term mentally ill clients. This significant enhancement of the elder support program provides therapeutic services to approximately 25 clients each day.

During the year, the center entered into a contract with Residential Resources of Columbia to place eight Rosewood Clubhouse clients in a set of apartments located on Thornwell Court. They are now residents in their own apartments, through the supportive services of center staff. Additional housing alternatives have been negotiated and finalized during the year, and new housing resources will soon be available for long term mentally ill individuals in the Columbia area.

The center hired and trained several new intensive case managers during the year. These staff members have small caseloads, enabling them to work aggressively with seriously mentally ill clients who require close supervision and support to maintain community tenure.

Borderline personality diagnosed clients pose one of the biggest challenges to community-based programs. After a year of planning, the center initiated a specialized clinic and treatment program for individuals with this diagnosis, using the new treatment model developed by Dr. Marsha Linnehan.

In June 1992, three DMH/Vocational Rehabilitation funded inpatient vocational rehabilitation positions were transferred to the center, one to each clubhouse. These positions established a transitional employment program at New Horizons and Rosewood Clubhouse enhancing the existing program at Independence House.

Columbia Area was cited at the end of the year for having more transitional employment placements than any other mental health center in the state.

Children's services were enhanced during the year through a variety of new programs. In cooperation with the center, both Richland School District Two and the Fairfield County School District implemented new initiatives for school-based services: a day treatment program in a Richland County elementary school and a school-based mental health counselor in Winnsboro. These programs serve emotionally handicapped children and their families.

The center entered into a contract with the Richland County Department of Social Services during the year to provide family preservation services to families. This arrangement has been highly satisfactory, and DSS plans to expand their funding for this program next year.

The center has developed an aggressive agenda for new programming to be implemented during FY 94:

- * the center will open its crisis stabilization program at the Marshall St. facility to provide short term intensive treatment and reduce the use of state hospitals;

- * the center will implement a joint program with Byrnes Medical Center and Hall Institute to provide comprehensive mental health and medical case management and treatment to elderly clients; this innovative program will improve the quality of care for this badly underserved population;

- * the Marshall St. activity therapy program will move to its new facility; the larger building, specifically designed to provide this type of service, will enhance the treatment provided to an expanded daily census of long term mentally ill clients;

- * the Richland County Department of Social Services will enter into a contract with the center to expand family preservation services and to place a counselor on site in DSS offices to provide mental health services; Fairfield County will enter into a similar contract for counseling services;

- * school based counseling services will be implemented in the Lower Richland area;

* the Lower Richland satellite will move into a new office building, allowing staff to expand services;

* the center is studying ways to expand its clinic case management staff in order to reduce caseloads; this program expansion would create additional services for clients who are not part of specialized programs, but in need of more intensive services;

* the center has entered into a number of contracts to provide formal program evaluation services; the center will systematically study a number of its programs this year to determine the most effective method to produce desirable program outcomes for its clients;

* the center will hire additional staff needed to expand its "transition to community care home from long term inpatient treatment" program; the center intends to provide supportive services to all clients who are ready for movement to this type of setting;

* after several years of planning, the Mental Health Association sponsored HUD housing will become available; the center will select clients for this housing and provide supportive services to ensure the success of this initiative;

* the center will implement a new program for treatment of the mentally ill/mentally retarded;

* enhanced programming, specifically targeted toward the long term mentally ill not involved in day programming at the mental health center will be implemented in the Friendship Center;

* the center will hire staff to provide case management, outreach, and evaluation services to Columbia's homeless population;

* medical staff will be enhanced;

* a second entitlement specialist has been hired and will expand the center's assistance to clients.

Greenville Mental Health Center (North Greenville County)

During FY 92-93, expanded services to youth were a

priority of the center with the development of two new services. The center achieved all but one of its goals as follows:

- * a day treatment program was established on site at the West Greenville School serving some of the more seriously disturbed youth of the Greenville County school system. The center provided two full-time staff and the school system provided space and utilities for the program;

- * in-school services were established at Cone Elementary and Lakeview Middle Schools with the use of one full-time position. Services are closely coordinated with the Cities In Schools project;

- * outcomes of cost reduction efforts were a 24 percent increase in collections, a 32 percent increase in billing, and a 26 percent increase in contacts. Staff productivity has increased with 80 percent of clinical staff averaging 3+ hours per day in clinical service;

- * group therapy options have been increased in all program areas;

- * efforts to expand emergency services for improved after-hours coverage was not successful. Resistance was encountered on the part of several key parties with a preference for the current system. This goal will be carried over next year with the anticipation of success;

- * intensive case management services were expanded for seriously disturbed persons with the addition of a second nurse to the CONTACT program, but priority continues to be given to the chronic mentally ill.

A critical need for the center has been medical coverage. Two physicians left the center this year, leaving a major gap in services. Nearly 100 percent of the center director's time was spent in clinical service to meet minimum medical needs.

The center has hired its first consumer as a vehicle operator to increase transportation options to our day programs. Other positions are planned.

To accommodate expanding community support

program services, additional space was obtained and remodeled to house our CONTACT program, Homeless project and NHIC program.

Goals for FY 93-94 are to:

- * develop specialized services for dual diagnosed MR/MI clients;
- * expand services for dual diagnosed AD/MI clients;
- * increase case management services for RILS's clients;
- * develop a non-hospital crisis stabilization program;
- * expand after-hours emergency services to improve availability of face-to-face contacts and reduce admission
- * expand housing and employment options for MI clients;
- * revise intake system to minimize waiting periods and improve no-show rate; and
- * install computer networking system.

Lexington County Community Mental Health Center (Lexington County)

Transition, growth, and outreach describe FY 92-93 for the Lexington County Community Mental Health Center. A new executive director was hired mid-year and new, revitalized outreach services to the local community began immediately. To reflect the center's community-based commitment, the center added "Community" to its official name.

The center completed the following identified goals during FY 92-93:

- * the center hired a second full-time psychiatrist for adult/child services in February and recruitment efforts continue. Cooperative programs were developed with the Hall Institute psychiatric residency program, and the center had a resident one day per week in the Batesburg office.
- * a post-doctoral clinical psychology placement for a Child Fellow was implemented in conjunction with Hall

Institute. The fellowship began in September '92 and has proven to be a valuable training and recruitment program. Indeed, the psychologist will begin full-time employment at the center in September '93.

- * expanded children's services--a new child and adolescent director was hired to expand programs and services in county school districts. The day camp program at Camp Kinard for adolescents was a big success.

- * the toward local care (TLC) project for community-based elderly services for Crafts-Farrow clients was established. The TLC program has successfully placed 14 of their 30 targeted clients in independent community living situations. Day treatment, case management, and medical services are all in place and have resulted in an improved quality of life for these elderly clients.

- * with the addition of an employment specialist to the psychosocial Our House program, job opportunities and placements have increased. Clients were successfully employed in a local business and a number of center-based jobs are in place. Business recruitment in the community continues to be a major focus of the clubhouse program.

- * in an effort to insure that clients who were eligible for benefits received them, the center hired two full-time entitlement specialists.

During the first six months of 1993, the center experienced significant growth in personnel.

Center goals for FY 93-94 are to:

- * establish a crisis intervention service for adults to decrease admissions to inpatient facilities;

- * establish a psychosocial rehabilitation program (RPT) to extend services to psychiatrically disabled clients;

- * continue to expand child and adolescent services through specialized clinics, school based services, and family outreach programs;

- * develop volunteer resources by hiring a full-time

volunteer coordinator;

- * fully operationalize the toward local care program for elderly clients;

- * conjointly develop Friendship Center West to serve clients after hours and weekends in a social setting;

- * establish a satellite in Swansea to serve adults, children and adolescents, and their families;

- * continue efforts toward development of housing alternatives;

- * develop program evaluation and research initiatives through collaboration with USC and Hall Institute;

- * network with county and state agencies (e.g. DYS, DSS, Commission on Aging, LRADAC, etc.) in developing conjoint programs for child and adolescent, dually diagnosed, and psychogeriatric clients;

- * secure adequate office space to expand clinical programs;

- * negotiate a contract with the Sheriff's Department to provide a full-time mental health counselor in the County Detention Center.

- * develop an intensive case management program for chronic recidivists;

- * increase job placement opportunities for clubhouse members.

- * recruit a third full-time psychiatrist for adult services;

- * expand the relationship with Hall Institute in the placement of psychiatric residents in center programs;

- * construct a new building for C&A services;

- * join with S.C. State Hospital and Crafts-Farrow in developing and implementing hospital/community programs;

- * provide team building and staff development training opportunities for all center staff; and

- * recruit a full-time quality assurance coordinator and implement a center-wide quality assurance/quality improvement program in clinical services.

**Orangeburg Area Mental Health Center
(Orangeburg, Bamberg and Calhoun counties)**

The Orangeburg Area Mental Health Center continued its emphasis on implementing total quality management (TQM) for improvement in service delivery, consumer satisfaction and empowering all staff as quality team builders.

The center has been recognized for consistent performance as a leader in decreasing the rate of admissions for patients needing inpatient psychiatric care to state facilities.

Goals for FY 92-93 were to:

- * extend the children and elderly service delivery to all three satellite locations;
- * provide an array of treatment services that help to maintain clients with a severe and persistent mental disorder in the community;
- * increase efforts to provide employment opportunities for the seriously mentally ill;
- * increase the amount of staff time devoted to intensive case management; and
- * significantly decrease the patient population from the catchment area in state inpatient facilities to local community care.

Significant progress toward goals established for FY 92-93 indicated the following:

* All three satellite locations have identified staff assigned specifically for the treatment of children and adolescents. Consultation and program planning is coordinated with the program director for C&A services for the entire catchment area. Specified staff for elderly service programming still continues to be a need for catchment area and satellite locations.

* Treatment services that helped maintain clients with a severe and persistent mental disorder within the community have seen the addition of an employment component to the restorative independent living skills program. Three clients have been gainfully employed this

fiscal year. RILS services were also extended for a five-day week, which provided more improved services for the clients. Family education classes were offered for community support program clients with a total of 11 families participating.

- * Intensive case management increased from one assigned staff to three assigned staff in community support programs and 25 percent for staff in satellite locations.

- * The annualized psychiatric hospital admissions per 100,000 population indicated a significant variance of 63.6 percent from the catchment area for FY 92-93. Implementation of a triage unit for screening walk-ins, the utilization of experienced professional staff for after-hour emergency services, the cooperation of medical staff to consider community alternatives, development of an improved continuity of care protocol, and an increase in intensive case management contributed to the accomplishment of this goal. The implementation of a comprehensive transitional care service with five major components identified for treatment began this fiscal year. Three components became operational this fiscal year were crisis stabilization, Homeshare and housing, and transitional employment with 12 staff members providing services. The two remaining components--transitional living and the mobile crisis unit are in the planning stages with implementation expected FY 94-95.

During the fiscal year, the census increased from 1,894 clients to 1,974. A waiting list within C&A periodically is seen as problematical.

Goals for FY 93-94 are to:

- * expand TLC grant to provide a total discharge of 30 patients to be maintained in the community and the implementation of the transitional living component;

- * implement specialized services for the elderly by hiring a coordinator for the catchment area to develop programs for this population;

- * increase services for children and adolescents by

adding three new programs;

- * implement an extensive family education program for consumers and their families with assistance of a volunteer coordinator and community linkages; and

- * establish a mechanism for improving staff morale.

A strategic planning retreat for senior staff proved to be very beneficial for a three-year planning period. Planning efforts for FY 94-95 will include input from consumers, board members and community leaders for continuous quality improvement.

Pee Dee Mental Health Center (Florence, Darlington and Marion counties)

Pee Dee Mental Health Center's energy and resources have been focused during this fiscal year on implementation of a revised mission statement. Early in the fiscal year, a budget deficit was predicted. A budget deficit plan was put in place in November. This plan, in combination with the mission statement, influenced all center-wide activities during the fiscal year.

Center goals for the year and the progress made toward those goals are as follows:

- * to educate and support staff in implementing the revised mission statement--the task of educating staff was accomplished through center-wide strategy, which included staff training, staff supervision, and continuous reinforcement in client staffings, Center-wide meetings and activities. Staff articulated training needs which were addressed immediately. Board, Administration, and Supervisory staff were united in efforts to support staff as they struggled with the transition. As the transition was accomplished, efforts shifted to community education.

- * to continue to emphasize continuity of care and the toward local care concept--the center expanded services in the community support program. A full time job developer position was filled in the fall and a liaison position with Vocational Rehabilitation (VR) was

developed. Three elements of the jobs program are in place, supportive employment through VR, temporary employment through the center, and job development/placement in the community through the center's four clubhouse programs. Our State Hospital liaison has increased visits to the hospitals and has intensified planning efforts to link discharged clients back into the community. Significant progress has been made in the development of housing for center clients. In August, a duplex was opened for four clients bringing the number of clients in the housing program to thirteen. Independent living skills and case management services expanded to support the housing clients in activities of daily living.

* to define Pee Dee Mental Health Center's role and responsibility in the community--Opportunities to speak to community groups were used to present the center's mission. Program directors and other staff serving on community and interagency committees participating on community committees, task forces, and interagency used every opportunity to present the center's purpose. A video was produced focusing on the center's mission. It is used with community groups as well as orientation for board and staff. A service directory was developed listing all locations, services, and the mission. Center publications, *The Center Voice* and *Bridges*, carried articles on the revised mission. Memorandums of agreement have been negotiated with Mental Retardation and Alcohol Drug Abuse Commission agencies in the catchment area. Protocols developed by the center with the hospitals are in place. The results of a center survey conducted in April indicate area agencies are aware of the center's mission and purpose. At the center's annual board/staff conference in May, board and staff met in county groups to work on plans to create community support for the center's mission. Each county group identified community needs and sources of community support. These plans will be implemented during the next

fiscal year.

- * to increase physician time to clients and staff--Center efforts to increase physician time has doubled our physician resources. A full time psychiatrist joined the staff in November, a new contract psychiatrist begin in July, and one contract psychiatrist's time increased to full time. The increase in psychiatrist time center-wide has improved the quality of client care and professional development opportunities for staff.

- * to enlarge the facility in Lake City to provide more adequate client services--In August, the center was awarded a capital improvements grant of \$700,000 for construction of a facility in Lake City to provide expanded services for lower Florence County. A site has been selected, architects chosen, and ground breaking is planned for later this year.

- * to expand the community support program through the addition of an outreach worker in Marion, Hartsville and Lake City and one housing recruiter--An outreach worker was added to the Marion office. Budget constraints prevented the filling of positions in Hartsville and Lake City. A mental health counselor in the housing program is recruiting and preparing clients interested in housing.

- * to provide team building opportunities for staff--A plan to provide team building for all staff is being developed. The training will utilize local resources as well as SCDMH resources. A committee is developing the training design and logistics.

The center's philosophy supports a dynamic relationship between center board, administration and staff. Based on this philosophy, the center's goals for FY 93-94 were shaped by periodic assessment of the FY 92-93 goals through the annual board planning conference in January, the annual staff leadership conference in February and the annual board staff conference in May. At the executive management team meeting held in June, management and administrative staff looked at each

goal, determined progress, and summarized the results.

Seven new goals were then developed using this information as well as information from the SCDMH Site Review recommendations. They are to:

- * implement plans developed by each county to create community support for the center's mission and to build advocate relationships in the community;
- * expand family preservation services in Florence and Darlington counties;
- * enhance emergency services through improved telephone access and identification of funding sources for beds;
- * continue to develop the client employment services program and expand employment opportunities center-wide;
- * to encourage, support and emphasize the participation of mental health service recipients in staff activities and center-wide programs;
- * to provide staff development opportunities to clinicians for the use of groups and short-term therapy; and
- * to continue to implement the center's budget deficit reduction plan through the budget review committee and monitoring of location objectives.

Piedmont Center for Mental Health Services (South Greenville County)

The Piedmont Center for Mental Health Services serves a rapidly growing industrial area in South Carolina. The area is experiencing a tremendous influx of new businesses and high technology industries. This is accompanied by many new housing starts, new apartment complexes and new families moving into the area. To serve the growing population, the center has full-time offices in Simpsonville and Greer and a part-time office in Piedmont.

Serving the seriously mentally ill continues to be a top priority. There are numerous community-based

programs to provide services to this population. The center, through contractual arrangements, places patients in eight 10-bed community care homes, Ridgeview Community Care Homes and Gregory's Community Care Homes II. The center provides a rehabilitative psychosocial therapy program for these 80 patients.

The center contracts with Gateway House to provide a program of psychosocial clubhouse services for 30 clients. The clients live at Gateway Apartments, Portals Apartments, Towers East Apartments or Carolina Retirement Center. Gateway House provides supportive employment services for selected clients. The center also uses the services of Goodwill Industries and Vocational Rehabilitation. The Piedmont Center participates in the "managed care project," which receives Robert Wood Johnson support. The center operates Sunshine House in Simpsonville, which is a program of restorative independent living skills and Rainbow House in Greer, which has a similar program.

The center contracts with Chestnut Hill Psychiatric Hospital to provide local inpatient stabilization for mentally ill clients. Other local hospitals are utilized when patients have resources to cover the cost of inpatient care. The center relates closely with Harris Psychiatric Hospital, which serves Region B of the state. For children, the center contracts with Marshall I. Pickens adolescent program, Anderson Youth Treatment Center and Charter Hospital for local emergency stabilization.

The center provides a family preservation service for high-risk children. All children in this project are in threat of being removed from the home and placed in a DYS or DMH institution. This program functions in close collaboration with the Department of Youth Services and the Family Court. The center provides community residential treatment services for children ages 11 through 16 in the Clear Spring Home for girls and the Bethany Home for boys. The center has a federally

funded CASSP grant for a neighborhood-school demonstration project. This research-demonstration project targets children in the highest risk neighborhood and the highest risk middle school area in terms of emotional, behavioral and environmental problems. The Piedmont Center has collaborated with Bryson Middle School where a full-time mental health counselor and a part-time clinician have been placed. These counselors work with children and parents and provide consultative services to teachers and staff. Research is included in this project.

The center made much progress toward the goals established for FY 92-93. The goals and responses were:

- * recruit a full time psychiatrist--applicants are being interviewed and recruitment continues; the center is advertising for a full-time psychiatrist; and two additional part-time contract psychiatrists have been added;

- * develop a restorative independent living skills program for the Greer area--Rainbow House in Greer was opened in February 1993 and operates five days a week;

- * develop a residential and supported living and treatment program for hearing impaired mentally ill clients--a site has been purchased and architectural drawings completed; ground breaking will be held Sept. 22, 1993, with construction to start immediately; the facility should open in early 1994; and

- * add one additional case manager--this goal was realized in the fall of 1992 with the addition of a case manager.

The center had very impressive statistics for FY 92-93 which include:

| | | |
|----------------------------------|---|--------|
| total number of patient contacts | - | 55,031 |
| new admissions | - | 1,402 |
| re-admissions | - | 452 |

Serving the seriously mentally ill and emotionally disturbed children will continue to be top priorities. Goals

for FY 93-94 are to:

- * recruit a full-time psychiatrist;
- * open, staff and develop the program for 10 residents of the community residential and treatment program for hearing impaired mentally ill patients; the program will serve 10 patients;
- * develop a restorative independent living skills program for patients living in and near the town of Piedmont;
- * implement a federal CASSP grant to expand the family preservation program and also add a volunteer program to help serve the at risk children in the family preservation program;
- * work with the Greenville County Mental Health Association to open an apartment complex for patients in the Simpsonville area; and
- * gain state approval for a bond issue to plan and construct a new center building.

**Santee-Wateree Community Mental Health Center
(Sumter, Clarendon, Kershaw and Lee counties)**

FY 92-93 continued to be one of expansion of services to severely mentally ill adults and children. The center's caseload to this priority population continues to increase. At the close of the fiscal year, the unduplicated number of clients had grown by almost 1,000 to an ongoing caseload of some 3,300 active consumers.

The center made progress in making a philosophical shift in service delivery and substantially increased its home-based versus office-based services. Three of the four counties in the service delivery area created case management teams and all staff completed comprehensive training in case management concepts.

Significant progress was also made in entitling psychiatrically disabled persons. Utilization of local short term psychiatric care at Tuomey Hospital dramatically increased with 50 percent of all persons needing hospitalization being diverted to this alternative. The

center successfully completed all of its established goals during the past fiscal year. These included:

- * two new sites for RILS were renovated; one in Clarendon County, the other in Kershaw County. The site in Clarendon will be an additional service, the site in Kershaw allows for over a 50 percent expansion of an existing program. Additionally, new construction for an expanded RILS program is currently in process in Sumter County. Construction of new office space in Clarendon County continues to progress through the various phases of the state approval process with the start of construction hopefully not more than several months away;

- * the toward local care program is operational in Lee County. Five of the scheduled eight clients are in the community. Since this project depends on openings in existing FHA apartments, expansion depends somewhat on factors not completely within control of the center. This project is the center's first 24-hour residential care program and it has been highly successful.

- * the center developed cooperative efforts with local, non-profit Mental Health Associations in Kershaw and Clarendon counties to increase housing options for the severely mentally ill. Two HUD 811 grants were developed out of this effort. Though neither grant was funded, both associations remain committed to expanding housing opportunities and both the center and the Mental Health Associations are exploring other avenues to implement our common goal of improving and increasing housing;

- * the total staff worked long and hard toward maximizing alternate funding sources to expand needed services to our target populations. During this fiscal year, Medicaid collections increased by almost 60 percent over the previous year's collections;

- * consumer employment became a significant program during this time frame. With start-up money received from a Mental Health Partnership Grant, a consumer handyman business got off the ground. The

center was also fortunate in securing a local business as a participant in our consumer employment efforts. A commitment was also made to hire consumers in various jobs throughout the center; and

- * staff participation in planning future mental health services increased tremendously over this past year. Staff were encouraged to submit proposals and grants for needed services. Over 20 proposals designed to increase services were submitted by staff; several of these were funded by outside sources, many others were funded in-house. These proposals remain an important planning document for the agency.

Goals established for FY 92-93 are to:

- * expand services to children: These include recruiting and hiring a child psychiatrist; securing additional office and programming space with consideration of the special needs of children; and opening a youth day treatment program in collaboration with a local school district;

- * expand consumer employment services;

- * expand RILS programming to include evening hours; fully operate a new RILS program in Clarendon County; consolidate RILS programming in Sumter County;

- * expand the center's partnership with Hall Institute in training residents, medical students and students from various other disciplines associated with mental health;

- * transition remaining TLC clients into community placements; and

- * continue to pursue housing options for our clients.

Spartanburg Area Mental Health Center (Spartanburg, Union and Cherokee counties)

Progress toward identified goals for FY- 92-93:

- * our intent was to stay financially sound, which was again accomplished;

- * there was an overall gain of three clinical staff and

four administrative support staff; (eight clinical staff were hired while five resigned. Seven administrative support staff were hired while three resigned.) Even with best efforts, one ESP position remained open most of the year, but we expect to fill it shortly;

- * several meetings were held during the year with staff of emergency departments of Wallace Thomson Hospital (Union), Upstate Carolina Medical Center (Gaffney) as well as Spartanburg Regional Medical Center. While no contracts have been achieved, the Union hospital administrator was interested in investing in our training, or even adding, a nurse or two in their emergency room to assist with assessments. The Gaffney hospital emergency room physicians asked that their names be sent to Harris Hospital as part of our assessment team. During office hours staff from each satellite provide consultation at their local hospitals;

- * the expectation is that funding will become available for a new main center. In the meantime, \$150,000 of planning money was made available, bids were requested, architectural/engineering firms responded, and one will be chosen shortly;

- * seed money was received from SCDMH to begin an intensive case management program for the dually-diagnosed. Two case managers with a maximum caseload of 20 clients each have been hired, and the program is increasingly becoming self-supporting. A request for start-up funding for four new intensive case managers is now being considered by SCDMH;

- * to better secure the building, the doors on the side and back of the building are locked at 5:00 p.m. The Center contracts with SRMC Security to check the building, lock the entrance, and activate the burglar alarm after-hours. A new entrance has been provided for the handicapped, elderly, or anyone with special needs. It is on ground level, and the door has a slight delay to help provide safer entry. A nurse from each satellite clinic is now serving on the Safety Committee. Accomplishments

of the Safety Committee include: 1) Security lights in hallways for power backup; 2) all ESP and A&D staff now have panic buttons as do the CSP and NHIC areas; 3) surveillance mirrors were placed in hallways; 4) in the lobbies of all offices, glass in bookcases and pictures was replaced with acrylic; 5) disposable glove dispensers were strategically placed. PMAB training was provided for new employees and recertification for those previously trained;

- * each staff member was given a copy of the Continuity of Care Manual. New employee orientation requires introduction and follow-up regarding COC requirements. A COC Committee meets quarterly after auditing a sample of medical records for compliance and indicated interventions are made. A report of these activities is made at the local Quality Assurance Committee meeting. Telephone, fax and computer connections have made these efforts much easier and more efficient; and

- * PC and QS/1 software were purchased allowing the pharmacist to screen drug interactions and retrieve record of patients' drug profile, track abuse or misuse of prescriptions and compliance with taking medication, and maintain perpetual inventory of drugs.

Other accomplishments during the fiscal year included:

- * participated in development of the Village Center, a five-year, grant-funded, multi-agency project in a high-risk neighborhood resulting in our having one full-time child/adolescent staff member at that site;

- * helped fund and direct a study of Involuntary commitments from Spartanburg County, which led to funding requests to city/county councils, the legislative delegations, and state agencies for a detoxification facility for the area. Taskforce meetings around these issues have resulted in other cooperative improvements in working with law enforcement, probate court, local and state hospitals, the A&D Commission, etc;

* volunteers contributed the equivalent of \$84,067 and over 9,000 hours of service. They were recognized both by staff and the board of trustees;

* the Mental Health Partnership, a multi-agency group, received a grant to help hire an Entitlement Specialist;

* successfully completed a site visit, and a favorable internal audit;

* continued to work with Volunteers of America, New Day, Inc., and Nehemiah Corporation to achieve a continuum of housing options for the mentally ill;

* expanded services to children through a contract with School District Three for a special summer program; and

* total client contacts for FY 92-93 was approximately 66,070 (FY 91-92: 62,340) of which 10,280 (FY 92-93: 7,898) were through New Day Clubhouse. The unduplicated number of clients served was approximately 5,150 (FY 91-92: 5,080) of which 154 (FY 92-93: 133) were served at New Day.

Goals for FY 93-94 are to:

* remain financially sound;

* retain current staffing level and fill other vacancies as funding is available;

* continue efforts toward a new facility in Spartanburg County, an exciting venture that is expected to require considerable time and effort;

* increase funding for New Day (RILS) program from \$321,845 to \$350,000; and

* increase funding for Mental Health Association of the Piedmont's Crossroads Program from \$12,020 to \$13,222.7.

Tri-County Mental Health Center (Dillon, Chesterfield and Marlboro counties)

This has been an exciting year for Tri-County with buildings in the works for all three counties, new programs and staff to work with. In September, we will

move into our much needed new office in Marlboro County. We are in the last stages of buying the property for Chesterfield and Dillon county offices. We hope to break ground on at least one site before January 1994.

Despite major problems in keeping adequate medical coverage, commitments dropped slightly, however, the center did not see the drop we hoped for.

Medical coverage continues to be the major concern for this center. Number and frequency of clients being seen have increased as staff continue to work on productivity. The center has worked with the state office to recruit, but the growing caseload and increased services are taking us into a crisis situation with medical coverage.

Medicaid revenues increased by 25 percent this year by expanding existing services. Restorative independent living skills programs expanded to five days a week. Our annual children's summer day camp went from serving 26 children to serving 55. The Village program expanded after-five services, and we added a second dual-diagnosis group in Chesterfield.

Our administrative staff and board have focused on staff retention this year, and our staff turnover rate decreased. We have kept most of our established positions filled. However, recruiting master's degree staff is difficult for a rural center. It has made starting up new programming a slow process. Tri-County was given three outreach-counselor positions to form intensive case-management teams this year. One of the positions has never been filled. A new school-based counselor position was filled, and one of our three new DSS positions has been staffed.

In an effort to meet some of our staffing needs, we developed a psychology internship placement for Francis Marion University. This June, we saw our first supported nursing student graduate. We also started a more intensive staff orientation program and a quarterly in-house training program for staff.

Our Village Program held its first family day picnic with over 80 family members attending. We hope to continue to expand this activity possibly using churches to adopt clients who have no families. Our CSP services held a family education day in Chesterfield for 12 family members. We hope to do the same in our other two counties this year with more to follow.

A new employment specialist established four consumer jobs within the center. We placed three clients in jobs outside the center. We are also in the process of hiring a consumer advocate.

Consultation and education activities increased this year. About 100 people attended our annual care-givers workshop. A new mental health display board has been seen at local health fairs, agency, and school functions at least twice monthly. Our staff put many hours into planning Health Start grant programs that are being developed to provide health care and prevention services to children. Our new buildings have afforded us opportunities to bring attention to the services of the center. There have been newspaper articles, a groundbreaking ceremony and contact with city and county planners. We intend to carry this momentum into the coming year and working toward our first open house in October.

Tri-County has advanced its computer capability this year. All three counties are networked to each other and to the departmental mainframe. For the first time, we have a central file on all our cases. Budgeting, purchasing, and personnel, as well as Medicaid billing are done on computer now.

Goals for FY 93-94 are to:

- * be in the new Marlboro County office and have Dillon and Chesterfield county offices close to completion;
- * have adequate medical coverage and fill new DSS and outreach positions;
- * decrease catchment area commitments by 25 percent;

- * start dual-diagnosis groups in Dillon and Marlboro counties;
- * increase the percentage of center budget and services to children by 10 percent;
- * increase consultation and education services and interagency efforts in the catchment area;
- * establish a full time quality assurance coordinator position; and
- * continue recent new initiatives to help consumers obtain housing, jobs, and eligibility status.

Waccamaw Center for Mental Health (Georgetown, Horry and Williamsburg counties)

The past year has been one of growth and change for Waccamaw Center. As during the past two fiscal years, the focus was on increasing services to the chronically mentally ill, children, and clients with special needs such as a dual diagnosis or housing problem.

Plans have been completed for a central facility in Horry County, land purchased, and a start date for construction awaits only the completion of the bidding process for a contractor.

A review of service utilization during this period provides an indication of the growth as follows: FY 91-92 admissions were 2,246; FY 92-93 admissions were 2,740, an increase of 18 percent. Total FY 91-92 direct service contacts were 76,267, and in FY 92-93 the total was 99,659, an increase of 24 percent.

Services to individuals and families with major psychiatric concerns continue to improve with the opening of "New Dimensions," a psychosocial clubhouse in August 1993, and the development of intensive case management (ICM) teams in Horry and Georgetown counties. A memorandum of agreement (MOA) between the center and a local private inpatient facility has been expanded to offer more short-term inpatient care to the chronically mentally ill, thereby reducing frequency of hospitalizations in state inpatient facilities. Locating safe,

affordable housing remains a priority; two grant requests have been submitted for funds to provide this service.

The center's commitment to children and adolescent (C&A) services can be identified by the placement of several well-trained staff in that service, the development of new programs, and increased service utilization. This service had 6,294 contacts in 91-92 compared to 10,447 in 92-93, an increase of 40 percent. New programs in this area include family preservation, child welfare, and prevention and education. Staff continue their direct involvement with the school system, providing on-site care. A wide variety of treatment techniques are utilized including group therapy, educational groups, self-help groups, summer camps, family and individual therapy.

The philosophy of the center includes the recognition that special programs must be developed to meet special needs in individual communities when the need is clearly identified and staff is available. Special programs include "Just For Me" for abused children, the minority outreach program, and the homeless program. Other special services are counseling for the hearing impaired, staff development training, and education.

"The Other Voice," is an award-winning newsletter that is part of the education service.

During the past year, a staff member has been placed full-time in the employee assistance program, and a number of contracts have been established with agencies and industry.

A liaison position between the center and inpatient facilities was filled also.

The center's goals for FY 93-94 will continue to reflect the emphasis of the Department of Mental Health on treatment of chronic mental illness, and services to children and their families. Community and local needs for particular services are always a primary determinant of which services will be offered.

In C&A services, the emphasis on family preservation will continue with the goal of filling all vacant positions which have been established during the past year. These positions are in special service areas and, while necessary, do not serve a large number of families and children.

Additional needs for outpatient services as well as consultation and education will be assessed. Along these lines, the center is establishing priorities for services based upon federal, state, department and local guidelines.

In services to chronically ill adults, the goals include full implementation of intensive case management teams in Horry and Georgetown counties, and increased utilization of restorative independent living skills (RILS) programs.

The center will continue to work with local hospitals to develop expanded inpatient care as an alternative to hospitalization at the state level.

There have been many delays in working toward actual initiation of the central facility construction. The center looks forward to completion of this project, and the acquisition of funds for construction of a new facility in Georgetown. Assessment of the center's permanent improvement needs for all clinics continues on an on-going basis.

A variety of grants will be continued or initiated in the coming year. These include PATH (homeless), healthy start initiative (ROADS), juvenile justice, and several C&A grants in conjunction with SCDMH central office. The emphasis on third-party collections will be continued through improved client identification by the center entitlement specialist, referrals to appropriate agencies, and timely billing.

Waccamaw Center will continue to cooperate with Waccamaw Housing, Inc., and Volunteers of America as they strive to develop local housing options for the homeless mentally ill. A grant has been submitted for this

purpose.

Finally, all staff will be encouraged to continue consultation and education activities in the recognition that prevention is a primary community mental health task.

Division of Inpatient Services

Bryan Hospital

(G. Werber Bryan Psychiatric Hospital)

Administration--Objectives: to maintain adequate staff to provide quality service; to ensure an adequate budget; to maintain sufficient supplies and equipment; and to provide a means to recognize exemplary employees. Outcome: clinical staffing has been improved, especially in the nursing service area, to provide adequate coverage for quality patient care; support staff has been minimal, a move to increase needed staff will be a goal for the 1993-94 fiscal year; the budget continues to be adequate and is monitored to ensure it is spent appropriately; supplies and equipment continue to be adequate; an upgrading of the computer equipment was possible and will become a part of the overall wide area network to provide better communication with the mental health centers; major construction of the roof and siding of buildings was almost completed. Plans are in place to begin renovation of the lodges during the next fiscal year; an outstanding employee was chosen for the year and honored with a drop-in; and a new Personnel Representative is now employed to assist employees with insurance and personnel issues.

Quality Management--Objectives: to provide TQM Workshop by TQM coach at DMH; to provide workshop on tools and techniques in conjunction with a sister facility. Outcome: staff attended a workshop by Robert Toomey. In addition, department heads had a bag lunch workshop the first Monday of each month to discuss TQM tools and techniques; a demonstration of software

for CQI was presented by the state chapter of Quality Assurance Professionals and attended by a BPH representative.

Utilization Review--Objectives: to review 100 percent of admissions to maintain quality care in the most cost effective manner; enlarge scope of UR reviews to include special segments of patient population and their impact on over/under-utilization; and review all denials and recommendations for corrective action. Outcome: a 100 percent of admissions were reviewed; focus on documentation required by third party payers was intensified; a special report of substance abuse admissions was presented to UR Committee for evaluation on under/over utilization of services; and practitioner specific data collected for denials by third party payers.

Risk Management--Objectives: to conduct regular environmental rounds and provide timely reports of deficiencies found; to maintain methods for collecting, monitoring, and analyzing data on risk management issues; to provide for routine reporting procedures for risk management issues. Outcome: monthly rounds of lodges and grounds are made, as well as a report to each department head listing areas of concern and needed corrections; plans of correction are followed-up on and reported at safety committee; data for unusual occurrences and seclusion and restraint is collected daily and an analysis is made to determine if training may be needed to prevent certain occurrences. To date, this has not been necessary.

Infection Control--Objectives: refine Infection Control educational program to address quality improvement issues; improve collection of data from hepatitis B and HIV testing to be used in trending and policy development; meet departmental expectations identified in the infection control program; and evaluate exposure control plan. Outcome: educational programs were presented that included inservice by DHEC on

laboratory interpretations in the management of syphilis, a "potty training" series for nursing service and a CLEAN series for the housekeeping staff; monitoring continues for infection control issues within the hospital; and participated in task force to address DMH form P-16, with risk management and personnel.

Pharmacy--Objectives: plan building renovations for pharmacy expansion--renovation to include current pharmacy area and adjacent public safety area; plan equipment needs for conversion to unit dose delivery system: to include medication carts, transfer carts, picking stations, etc.; develop policies/procedures for proposed computerized unit dose delivery method and out patient dispensing; build computer files and test computer software in preparation for total preparation for total pharmacy conversion to computerization.

Outcome: plan for renovations submitted to architect and physical plant services along with equipment layout plans; manual unit dose project begun on two lodges with plans to implement on other lodges during next fiscal year; pharmacy and nursing education are developing a psychopharmacology segment for nursing orientation; and plans for computerization on hold until DMH computer services can load/change programs.

Medical Administration--Objectives: to provide cross training of staff in A&D, Legal Processing, Medical Records to assure an orderly progression of needed work; develop a computerized system to assist in a timely retrieval of medical records and notification of hearing dates for designated examiners. Outcome: cross training has been accomplished in some areas of medical administration; however, due to a staff shortage in clerical positions in A&D, it was not feasible to continue. This goal will be carried over to next fiscal year; and plans have been submitted to the data coordinator for a portion of the computerization of medical records.

Medical Staff--Objectives: to have histories and physicals done within 24 hours of admission; to have

psychiatric evaluations completed within 72 hours; to have dictation completed and recorded closed within 15 days following discharge. Outcome: medical staff continue to meet their objectives. Ongoing peer review assures that the delivery of medical care is timely and appropriate.

Nursing Staff--Objectives: initiate scheduled meetings with each category of nursing service staff; create a nursing team to review current standards of care and nursing diagnosis and prepare guidelines for practice. Outcome: meetings are held monthly with each category of nursing service staff to allow input on various issues within nursing service and to improve communication. Guidelines for practice developed using standards of care and practice and utilized by nursing service in the preparation of the master treatment and nursing care plan.

Psychology--Objectives: assess the emotional condition of each patient admitted to BPH. Screen for other factors (i.e., limited intelligence, organic impairment and environmental stresses) which interfere with an individual's ability to function productively; and provide psychological testing when clinically indicated. Outcome: assessments were done on 1,004 patients; and psychological testing was completed on 5 percent of the patients.

Social Work--Objectives: social work supervisors will conduct monthly reviews of the "socio-cultural history and assessment" to ensure that timely input from patients, families (when available or appropriate) and mental health center case managers concerning treatment and discharge planning needs has been obtained by the assigned social worker; and social work supervisors will retrospectively review each "multidisciplinary discharge plan" completed by their staff to ensure compliance with the guidelines set forth in the social work *Discharge Planning Manual* and the *DMH Continuity of Care Manual*. Outcome: social work

supervisors reviewed approximately 77 charts per quarter-- all exceeded their threshold of 95 percent. The same was true for social work's portion of the discharge plan.

Activity Therapy--Objectives: to ensure an adequate and balanced number of referral groups, a minimum of eight; to ensure activity therapy is represented at each treatment team; to make all patients aware of the groups available and activities by maintaining an activity board on each lodge; utilize a wide array of activities including recreation, arts and crafts, library and special events; to ensure at least 30 hours per week of constructive leisure activities are available to all patients including Saturdays, Sundays and holidays; and each lodge will have a cosmetology publicity poster. The poster will promote services available and services provided as related to good mental health. Outcome: activity therapy service maintained eight referral groups on each lodge; all treatment teams had an activity therapist representative to guide proper referrals; an activity board is on each lodge as is the cosmetology poster; and 30 hours per week of constructive leisure activities are available to all patient including Saturdays, Sundays and holidays.

Chaplaincy--Objectives: hold weekly religious worship services for patients and staff; individual and group pastoral counseling on lodges; and provide group leadership for alcohol and drug patients based on AA philosophy. Outcome: worship was provided each Sunday for patients and staff; individual and pastoral counseling was provided on the lodges, as requested; and chaplaincy service led weekly AA meetings.

Patients Rights--Objectives: all patients will receive an orientation regarding their rights after admission and will be given a patient rights brochure; patient rights posters will be posted on each lodge; a process will be in place to address every patient rights call; certain staff will be selected and appointed to serve as patient rights advocates; there will be an annual inservice training for all

staff in the area of patient rights; all patient rights information to be compiled into a monthly report and forwarded to the central client advocacy office and to the hospital administration; and to perform a quality improvement study regarding patient rights. Outcome: each patient receives a *Patient Rights* booklet and an orientation to their rights. A *Patient Rights* poster, listing the local patient rights and client advocate's phone numbers, is on each lodge; currently five staff members serve as advocates; inservice is provided to the staff annually on patient rights as well as at orientation of new staff members; monthly reports were generated and forwarded to client advocacy and hospital administration; a quality improvement indicator has been developed and is in use with reporting to the quality improvement committee.

Patient and Family Education--Objectives: to offer minimum of four classes per week to schizophrenic, schizoaffective, and schizofreniform patients referred from each lodge, a minimum of 45 weeks per year; to offer a minimum of three classes per week to bipolar and major depressive patients referred from each lodge, for a minimum of 45 weeks per year; to monitor monthly attendance, referrals, and documentation to provide supervisory oversight for maximum program effectiveness; to conduct quarterly audits on lodge documentation and referral rate. Outcome: 86 classes were conducted during the fiscal year; monthly statistics were compiled and submitted for analysis; a monthly monitor is in place to assure complete documentation is present in the medical record.

Rational Behavior Therapy--Objectives: work in concert with other mental health professionals (at this facility) to identify, as early as possible, those patients most likely to profit from RBT; instruct patients in RBT self-help techniques so as to enable them to develop healthy independent functioning in the shortest possible time; to provide patients with the necessary self-help

techniques to minimize patient need for future hospitalization; and to initiate research outcome to assess efficacy of RBT. Outcome: RBT therapists attend from eight to 10 treatment teams per week; groups are offered five days per week on all lodges; over 90 percent of the patients report that RBT groups will help keep them out of the hospital; and questionnaire completed for research project.

Vocational Rehabilitation--Objectives: to assess BPH patients to determine eligibility for VR; and to open cases on patients who meet eligibility standards. Outcome: Vocational Rehabilitation opened 201 cases at BPH.

Volunteer Services--Objectives: to sponsor special events to heighten and maintain the community's awareness of volunteer opportunities; to continue to recruit volunteers; and to continue to solicit contributions. Outcome: presentations on volunteer services given to U.S.C., DSS Work Support Program, Prudential Insurance, several high schools and churches; and a total of 854 volunteer hours was provided at BPH during the fiscal year and contributions in excess of \$2,000 per quarter were received.

Byrnes Center (James F. Byrnes Medical Center)

James F. Byrnes Medical Center's mission is to provide acute in-patient and out-patient medical/surgical care to physically ill patients who reside in SCDMH facilities. By contract, Byrnes also provides medical/surgical care to inmates of the S. C. Department of Corrections and custodial care to tuberculosis patients committed by the S. C. Department of Health & Environmental Control.

FY 92-93 was a year of positive change and intense planning. Goals established and met in 1993 were as follows:

- * maintained operations within a maintenance budget allocation without compromising patient care;

* transferred employee health program to division of human resource services in order to more appropriately address occupational health needs of the injured employee;

* achieved realignment of services provided to substance abuse clients so that they may receive appropriate, timely treatment at Morris Village;

* An ongoing goal has been continued reductions in nursing pool usage and overtime. Pool use has dropped from \$90,000 per month to zero. Overtime has been reduced for an additional savings of \$75,000. Nursing service has met the challenge and has proven scheduling can be done without the pool! Byrnes Medical Center now cares for patients with employed licensed staff, which has improved continuity of care.

In addition to these significant achievements, a formal affiliation agreement between the USC-School of Medicine and Byrnes Medical Center was completed. Dr. Paul Eleazer was appointed the new director of Byrnes and also serves as the director of the USC-School of Medicine geriatrics division. The joint appointment is designed to facilitate a cooperative effort by the School of Medicine and the Department of Mental Health to develop an in-patient, out-patient research and education center dedicated to the problems of the elderly.

As a provider of in-patient medical/surgical care to Tucker-Dowdy Gardner Nursing Care Center and Crafts Farrow State Hospital, approximately 80 percent of our patients are elderly, making Byrnes an ideal site for such a project. Planning is underway to establish a geriatric acute care unit (GACU) designed to emphasize a multidisciplinary approach to hospital care of the elderly. This program will benefit from the availability of the School of Medicine faculty, gero-psychiatry, and other specialties. The team approach ensures functional decline is minimized while an elderly patient is hospitalized, as well as facilitating improvement in quality of life. Outreach has begun with provisions already in place to offer

medical-surgical and geriatric team support to Columbia and Lexington community mental health centers.

With the Byrnes and USC-School of Medicine affiliation in fall 1992, a research department was created. In addition to supporting research activities at Byrnes, the research department staff support research activities for the faculty in the geriatrics division of the School of Medicine. There are multiple research projects in progress, with many new projects in the planning stages.

A research prospectus has been published and is available to provide an overview of research projects, manuscripts submitted for publication, grant activities and background information on geriatrics division faculty members and their research interests. Byrnes' academic linkages have grown to include students in the following programs: nursing, social work service, physical therapy, pharmacy, laboratory, dental hygiene and public health. Byrnes' expanded mission offers exciting opportunities for staff to participate in grass roots development of geriatric programs, as well as improving the quality of existing services. Refinement of our total quality management approach to planning will be an on-going goal in 1994.

Other goals include:

- * extension of Byrnes medical/surgical and geriatric services to the community mental health system;
- * establishing a respiratory therapy department to improve the quality of care available to our patients;
- * expansion of our renovation project to include the geriatric acute care unit, relocation of the laboratory, modification of the out-patient area, operating room and central supply;
- * recruiting Byrnes Medical Center/USC-School of Medicine faculty positions;
- * continue expanding research staff and projects to focus on improved quality of life for the citizens of South Carolina;

- * improve staff morale and interaction; and
- * explore with other state and local agencies and organizations ways of better meeting the needs of elderly citizens.

Crafts-Farrow State Hospital

Crafts-Farrow State Hospital is a geropsychiatric inpatient treatment facility that serves citizens throughout South Carolina age 60 and over. Patients are admitted who are in need of acute and/or long term psychiatric care. In addition, Crafts-Farrow operates a 120-bed Alzhiemers Program for patients 60 and over. Crafts-Farrow also receives admissions to a 30-bed chemical dependency treatment program for patients 55 and over, and to a dually-diagnosed mental retardation program (ICF/MR) serving people 21 and older. These programs provide inpatient treatment interventions which are not available elsewhere in the state.

During FY 92-93, Crafts-Farrow successfully accomplished the following:

- * For the sixth consecutive year, the facility passed all state, federal and departmental licensing and certification surveys. The successful outcomes of these surveys were significantly improved upon from previous years and the facility's participation in Medicare and Medicaid programs was ensured.

- * Crafts-Farrow continued to generate a significant amount of Medicaid, Medicare and third-party insurance revenues. Appropriate steps were taken to ensure, despite the changing climate of healthcare financing, that the facility continue to be on the cutting edge in providing needed services and receiving appropriate payment for its services.

- * In terms of program maintenance and development, Crafts-Farrow continued to focus on program design and the strengthening of quality improvement goals and processes within each treatment program.

* The alcohol and drug abuse program (ADAP) continued to focus on program evaluation and on an educational outreach to the community regarding chemical dependency issues of the older adult. The program's accreditation by the Commission on Accreditation for Rehabilitation Facilities (CARF) was maintained. The ICF/MR Program further developed its work shelter program by developing additional work simulation programs and other entrepreneur opportunities such as a car washing service. Every client of the ICF/MR is involved in a work program consistent with their potential for performance.

* The development of the adult day health care program was completed in respect to design and staff training. Implementation was delayed due to physical plant issues which the resolution of continues to be in process.

* The census for the facility declined by 45 patients, and the facility's aftercare and social work services department continued to work closely with the SCDMH toward local care programs within the community to place as many patients as possible to less restrictive and more independent living environments.

Goals for FY 93-94 are to:

* facilitate the formation of a division of psychiatric rehabilitation services; and

* continue to enhance cooperation with the community mental health center's toward local care programs.

Hall Institute

(William S. Hall Psychiatric Institute)

The FY 92-93 was one of continued progress for the William S. Hall Psychiatric Institute in meeting the education, research, clinical service, systems development and revenue enhancement components of the mission statement. All programs maintained their

DHEC, HCFA, and JCAHO certification, and the institute completed the fiscal year well within its expenditure budget. The educational programs for medical students, residents, fellows, psychology interns and other trainees at the institute continue to meet accreditation requirements and to recruit excellent candidates for training. Quality assurance, continuous quality improvement and total quality management efforts have been expanded and are on schedule. Staff continue to maintain leadership roles in many DMH initiatives, including the public academic consortium, the transition council and the state plan.

Major accomplishments during the fiscal year can be subdivided into the various components of the institute's mission.

In education, Dr. Thornhill became the assistant director of residency training and the assistant director of medical student education, and Dr. Cuffe became the director of the child psychiatry residency training program. The residency and fellowship programs continue to thrive despite difficult recruitment problems for psychiatry across the nation. The community psychiatry training experience for residents is going well, and residents have had training experiences in several community mental health centers throughout the state. Resident rotations are also going well at Richland Memorial Hospital and the Dorn Veterans Administration Hospital, both of which opened new psychiatric hospitals during the past year.

Continuing education programs at the institute have been expanded with quarterly symposia presented on adolescence, violence, current concepts in psychiatry, and minority health issues.

In research, the recruitment process for a new associate director of research is ongoing. Several research groups at the institute have continued their research agendas in child and adolescent psychiatry, forensics, geriatrics, community psychiatry, substance abuse, and

mental health systems structure and function.

In clinical services, inpatient services on child and adolescent, general psychiatry and neurology, and forensics continue to be reorganized and down-sized, while ambulatory care, emergency, and community consultation services have been expanded in all areas.

In systems development, major linkages have been expanded between the institute and DMH central office, Richland Memorial Hospital, the Dorn Veterans Administration Hospital, the Byrnes Medical Center, Columbia Area Mental Health Center, Santee-Wateree MHC, other DMH facilities and community mental health center, Department of Youth Services, and Department of Mental Retardation. These collaborations involve a broad range of education, research and clinical service activities.

In summary, FY 92-93 was another busy and productive year for Hall Institute as it has moved toward fulfilling its mission and living up to its potential. The continuing challenge will be to maintain a constructive balance between the demands for education, research, clinical service, systems development and revenue enhancement.

Harris Hospital (Patrick B. Harris Psychiatric Hospital)

The Patrick B. Harris Psychiatric Hospital's mission is to provide intensive short term psychiatric care and acute substance abuse treatment programs, deaf services for the state of South Carolina, and an acute care psychiatric program for adolescents. The facility accepts voluntary admissions, involuntary (emergency) and judicial commitments, in accordance with current legal statutes and Department of Mental Health directives. In support of this mission, Harris Hospital utilized 173 of its 206-bed capacity during the fiscal year to support 14 counties in the Piedmont region of South Carolina.

Accomplishments for FY 92-93 include the following:

collections of Medicare, Medicaid and third party reimbursement, more than doubling the amounts collected previously.

Goals for FY 93-1994 include:

- * to expand on the work of the leadership of Harris Hospital and the Region B mental health to increase collaboration of professional staff whenever appropriate and beneficial to both organizations. This potential collaboration includes adult psychiatrists, child psychiatrists, psychologists, social workers and nurses at this time. The collaboration also includes treatment planning for patients by hospital professional staff in concert with community professional staff;

- * to support all toward local care (TLC) initiatives that have been identified by the SCDMH transition leadership council;

- * to continue to strive to obtain the resources necessary to operate all 206 licensed beds so as to better address the needs of patients in Region B;

- * to improve patient care--Harris Hospital is striving to retain Accreditation of Healthcare Organizations (JCAHO), scheduled to survey Harris Hospital at the end of FY 93-94 or the beginning of FY 94-95.

Hospital leadership has reviewed the current utilization of the 206 bed capacity and is continuing to seek input from the Region B mental health centers and the DMH central office to determine the best short-term and long-term utilization of these beds.

Clinical staff continue to strive towards assessing the responsiveness and appropriateness of current services through applied research on the effectiveness of current programs and the extent to which those programs appropriately address the causes for admissions.

This fiscal year has been an eventful one for Harris Hospital. Tremendous improvements have been effected in all areas of hospital operations. These improvements could not have occurred without the support and

dedication of the entire hospital staff. The Harris Hospital Management Team is deeply appreciative of hospital staff's conscientious efforts on behalf of patient care during the past year and look forward to further enhancements in the years ahead.

Morris Village

(Earle E. Morris Alcohol and Drug Addiction Treatment Center)

This was a productive year for Morris Village. Our efforts to improve continuity of care were very successful. We streamlined our screening procedures, visited local mental health centers and commissions, and provided guidelines for referrals to physicians and hospitals. We also enhanced our academic linkages through the recruitment of family practice medical students, nursing students and other clinical disciplines.

The village developed and an extensive follow-up study to collect and assess patient outcome data. Approximately 100 participants are included in this year-long study. Additionally, we continue to collect and analyze patient exit data and community providers' evaluations. We practiced responsible fiscal management, and monitored our expenditures carefully to ensure that we kept within budget.

During the past year, the village's executive committee committed itself to total quality management as a means to involve all levels of staff in decision making. A TQM committee studied staff morale issues and made several recommendations which were implemented. As a result, a permanent staff relations committee, with rotating membership, was created.

The village wanted to expand the role of nurses and physicians on treatment teams. The lack of adequate physician and nursing staffing prevented full achievement of these goals. However, nurses and physicians attend treatment teams as regularly as their schedule allows.

Two important accomplishments in treatment are noteworthy. First, the village began using a computer-assisted individualized patient treatment plan. Four of the seven treatment teams are on line, with the rest following when sufficient hardware is acquired. Secondly, we are creating a comprehensive clinical supervision and training plan. A clinical supervisor was selected and he is developing, with participation of all levels of clinical staff, a core body of clinical skill and knowledge that is essential for quality treatment. Included in this plan are ways to measure, both directly and indirectly, the development of the clinical training program.

In fiscal year 1994, the village will continue efforts to improve continuity of care, continue liaison with community referral sources and service providers. We will enhance academic linkages, complete the follow-up study and expand the role of TQM at Morris Village. Furthermore, we will improve and enhance our clinical supervision and training program, expand the usage of the computer-assisted individualized treatment plan and maintain fiscal responsibility by carefully monitoring expenditures.

South Carolina State Hospital

For FY 92-93, the S.C. State Hospital was able to continue work on the following goals:

- * implementation of the psychiatric rehabilitation program--We have established a training and implementation program for the training of trainers to instruct staff in rehabilitation techniques. The staff, who are participating, receive a psychosocial rehabilitation certification for the various levels of training. Mental health specialists, who complete this psychiatric rehabilitation program, are being upgraded to therapeutic assistant. It is foreseen that all State Hospital staff will be trained in rehabilitative techniques. Also, training has been initiated in some community mental health facilities.

* census--S.C. State Hospital has continued to reduce the overall census of the hospital by consolidating programs and refining clinical treatment processes for the various units. We continue to accept transfers and discharge appropriate patients back to the community. The population census for FY 91-92 was 458. For FY 92-93, the census was 366.

* patient profile system--The patient profile system is on line and now has all patients at State Hospital entered in the system. The system will keep track of admission information, discharge information, current information, annual assessments and patients' correspondents. This system is also providing other features including history file, initial assessments and updating options, which allows the user to update all files from either the current information or the demographic file. All departments that have direct patient contact are being encouraged to avail themselves of this system.

* Carter Street Program--This program continues to be a joint effort between the S.C. State Hospital and the Columbia Area Mental Health Center to transfer appropriate patients to a community setting. In FY 91-92, 31 patients were placed into the residential program located at the Carter Street Apartments. In FY 92-93, an additional 12 patients were placed for participation in this program.

* community liaison program--This program continues to operate by identifying resources that can be developed by the Charleston Area Mental Health Center to adequately place State Hospital patients back into the community. The results from this program are being used by the community mental health system to develop greater resources that are community based.

* medication/non-compliance--S.C. State Hospital is continuing its education process on the importance of outpatient medication compliance. This continues to be an ongoing process of providing expertise to the community mental health setting.

* not guilty by reason of insanity program--This program continues to develop and implement a unified programmatic approach for the NGRI patient population.

S.C. State Hospital continues to strive to reduce its current patient population to an acceptable rate with primary emphasis on quality placement in the community. We continue to maintain tremendous progress in our therapeutic environment.

The major thrust for FY 93-94 will be program consolidation and the restructuring of the combined facilities of S.C. State Hospital and Crafts--Farrow State Hospital.

Division of Nursing Care Services

The Division of Nursing Care Services was created under the auspices of the DMH Division of Clinical Services and was formally endorsed by the S.C. Mental Health Commission Jan. 6, 1993.

The division's mission is to serve the citizens of South Carolina by providing total quality management and administrative oversight to all DMH nursing care facilities. The division is committed to providing the highest level of quality in long term medical, psychiatric, and nursing care; continuing medical, nursing and ancillary education; long term care/geriatric research; and service to the community.

The two contract nursing care facilities operated by the DMH are managed by a private health care provider, P.H.P. Healthcare Corporation. These include the Richard Michael Campbell Veterans Nursing Home in Anderson, S.C., and the Dowdy Gardner Nursing Care Center in Rock Hill, S.C. The division's director is the designated liaison between P.H.P. Healthcare Corporation and DMH to ensure that quality services are provided to all residents.

The division is also responsible for the administrative oversight of C.M. Tucker, Jr./Dowdy

Gardner Nursing Care Center in Columbia, S.C.

Specific information regarding each facility is as follows:

Richard Michael Campbell Veterans Nursing Home

Mission: to provide long-term care services for South Carolina veterans.

Goals accomplished for FY 92-93 include:

- * successfully maintained licensure and certification requirements in addition to Veterans Administration requirements;

- * successfully operated the facility within budget authorizations;

- * achieved a resident census of 132 on three 44- bed wards.

Major goals for FY 93-94 include:

- * successfully filling a fourth 44-bed ward by Oct. 1, 1993;

- * successfully filling a fifth 44-bed ward by April 1, 1994, which will completely open the facility;

- * will prepare for J.C.A.H.O. accreditation by 1995;

- * maintain licensure, certification and VA requirements for all programs; and

- * operate the facility within budget authorizations.

Dowdy Gardner Nursing Care Center/Rock Hill

Mission: to improve the quality of life for elderly residents age 65 and older who have a primary psychiatric disability, with psycho-behavioral manifestations, and with complicating secondary medical problems. Dowdy Gardner/Rock Hill supervised a total of 220 licensed beds.

Goals accomplished in FY 92-93 include:

- * successfully maintained both licensure and certification requirements as a Medicaid provider;

- * successfully operated within budget authorizations while delivering quality services.

Major goals for FY 93-94 include:

* gradually phase out licensed beds through attrition, and careful placement of residents in appropriate long-term care settings.

* maintain licensure and certification for all programs; and

* operate the facility within budget authorizations.

C.M. Tucker, Jr./Dowdy-Gardner Nursing Care Center

Extensive change took place during the past fiscal year with the consolidation in December of the C. M. Tucker, Jr., Human Resources Center and the Dowdy Garner Nursing Care Center/ Columbia. The combined facility, with responsibility for 572 long term care beds on two campuses, was named the C. M. Tucker, Jr./Dowdy Gardner Nursing Care Center by the State Mental Health Commission.

The extensive changes necessitated by the consolidation required all staff to focus on blending and adapting to different ways of accomplishing their responsibilities and, in some cases, on new supervisory relationships. This integration of programs became the immediate short-term goal for the facility and was largely achieved by the end of the fiscal year.

Goal attainment FY 92-93:

The program was able to direct its efforts at attainment of the goals previously set separately by both the Dowdy Gardner Nursing Care Center and the C. M. Tucker, Jr., Human Resources Center. Major accomplishments included:

* both licensure and certification were maintained in all of the programs of the facility;

* quality resident care was delivered to all residents while operating within budget authorizations;

* sufficient licensed nurses were recruited and retained to continue the trend of decreasing expenditures for temporary nursing utilization;

* the amount and quality of physical and occupational therapy being provided to residents were

increased through a contract with an external agency at a lowered cost to the program;

- * a ward designed to provide nursing care to younger residents who are also displaying psychiatric symptoms and behavioral problems was successfully opened and operated;

- * a computerized system for resident care management that will improve resident care assessments and planning, more efficiently utilize staff, and ensure compliance with regulations was initiated and fully implemented on one campus;

- * a total physical plant renovation in 3-ward phases which will enhance the environment in which the residents live was begun; and

- * significant progress was made in fully implementing the principles of continuous quality improvement and total quality management with staff exposure to varied training programs.

Major goals for FY 93-94:

- * to provide the highest quality care to all residents of the facility;

- * to continue the improvement of services provided to residents through expanded implementation of the principles of continued quality improvement and total quality management;

- * to maintain licensure and certification for all programs of the facility;

- * to retain accreditation of the entire facility by the Joint Commission on Accreditation of Healthcare Organizations;

- * to manage all long term care operations within the budget authorizations;

- * to fully implement the computerized system for resident assessment and care planning, to include the resident assessment instrument and resident assessment profile summary, for all residents;

- * to successfully complete the renovation and occupation of the Fewell Pavilion, move residents from the

Stone Pavilion with a minimum of disruption, and begin renovation of that building; and

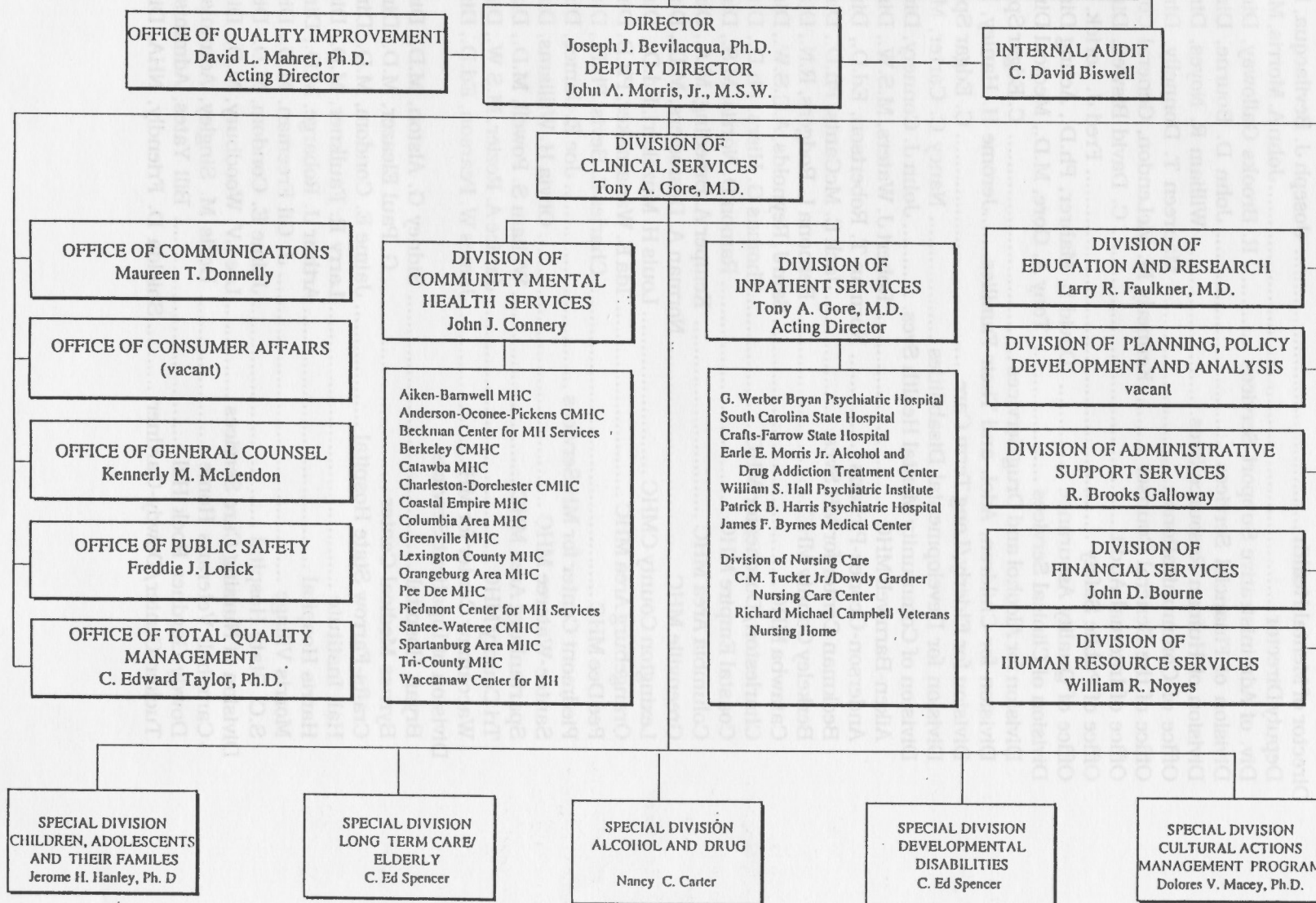
* to continue the trend of decreasing reliance on temporary nursing pool personnel.

| Administration | PERSONAL SERVICE | EMPLOYER CONTRIB. | OTHER OPERATING | TOTAL |
|-------------------------|------------------|-------------------|-----------------|-------------|
| Consolidated Support | 8,182,781 | 2,765,559 | 2,760,817 | 13,709,157 |
| Public Safety | 2,147,374 | 888,581 | 92,844 | 3,128,800 |
| Administration | 7,230,453 | 1,581,344 | 1,750,120 | 10,561,917 |
| State Hospital | 18,968,555 | 4,631,273 | 8,124,084 | 31,723,912 |
| Crafts-Farrow | 14,520,351 | 3,978,838 | 3,843,492 | 22,342,681 |
| ICF/MR | 1,862,724 | 518,034 | 362,574 | 2,743,332 |
| Bryan Hospital | 10,860,358 | 2,960,881 | 2,752,055 | 16,573,294 |
| Harris Hospital | 8,084,408 | 2,284,553 | 2,472,084 | 12,841,045 |
| Gynae Medical Center | 6,484,969 | 1,708,938 | 4,587,950 | 12,781,857 |
| Hill Institute | 12,178,572 | 3,466,799 | 3,144,595 | 18,790,966 |
| Means Village | 4,378,249 | 1,177,445 | 1,189,879 | 6,745,573 |
| Dowdy-Gardner-Columbia | 4,681,555 | 1,330,888 | 1,710,525 | 7,722,968 |
| Dowdy-Gardner-Rock Hill | 18,337 | 4,000 | 1,782,422 | 1,804,759 |
| Tucker Center | 8,388,874 | 2,388,218 | 3,737,748 | 14,514,840 |
| Campbell VA | 24,841 | 7,041 | 3,283,409 | 3,315,291 |
| Community M H Centers | 28,842,113 | 10,425,143 | 21,177,014 | 60,444,270 |
| Autism | 1,387,065 | 358,125 | 688,847 | 2,434,037 |
| Projects & Grants | 1,904,409 | 508,378 | 4,647,488 | 7,059,275 |
| TOTAL DMH | 149,823,236 | 49,983,825 | 73,832,756 | 273,639,817 |

**S.C. DEPARTMENT OF MENTAL HEALTH
FY 1992-93 EXPENDITURES**

| | PERSONAL SERVICE | EMPLOYER CONTRIB. | OTHER OPERATING | TOTAL |
|--------------------------|---------------------|----------------------|--------------------|--------------------|
| Administration | 7,230,493 | 1,881,244 | 1,720,120 | 10,831,857 |
| Public Safety | 2,147,274 | 669,591 | 92,944 | 2,909,809 |
| Consolidated Support | 9,132,781 | 2,765,559 | 5,760,617 | 17,658,957 |
| State Hospital | 16,963,566 | 4,621,273 | 5,134,964 | 26,719,803 |
| Crafts-Farrow | 14,520,261 | 3,978,828 | 3,543,492 | 22,042,581 |
| ICF/MR | 1,865,724 | 516,034 | 362,574 | 2,744,332 |
| Bryan Hospital | 10,866,356 | 2,900,951 | 2,758,055 | 16,525,362 |
| Harris Hospital | 8,084,466 | 2,284,883 | 2,472,064 | 12,841,413 |
| Byrnes Medical Center | 6,454,969 | 1,706,988 | 4,587,950 | 12,749,907 |
| Hall Institute | 13,179,572 | 3,466,796 | 3,144,595 | 19,790,963 |
| Morris Village | 4,379,249 | 1,177,445 | 1,159,979 | 6,716,673 |
| Dowdy-Gardner: Columbia | 4,651,886 | 1,330,698 | 1,770,626 | 7,753,210 |
| Dowdy-Gardner: Rock Hill | 15,337 | 4,009 | 7,782,452 | 7,801,798 |
| Tucker Center | 8,389,874 | 2,385,319 | 3,737,746 | 14,512,939 |
| Campbell VA | 24,841 | 7,041 | 3,283,459 | 3,315,341 |
| Community M H Centers | 38,645,113 | 10,425,143 | 21,177,014 | 70,247,270 |
| Autism | 1,367,065 | 356,155 | 696,647 | 2,419,867 |
| Projects & Grants | 1,904,409 | 505,878 | 4,647,498 | 7,057,785 |
| TOTAL DMH | 149,823,236 | 40,983,835 | 73,832,796 | 264,639,867 |

S.C. DEPARTMENT OF MENTAL HEALTH
SOUTH CAROLINA MENTAL HEALTH COMMISSION



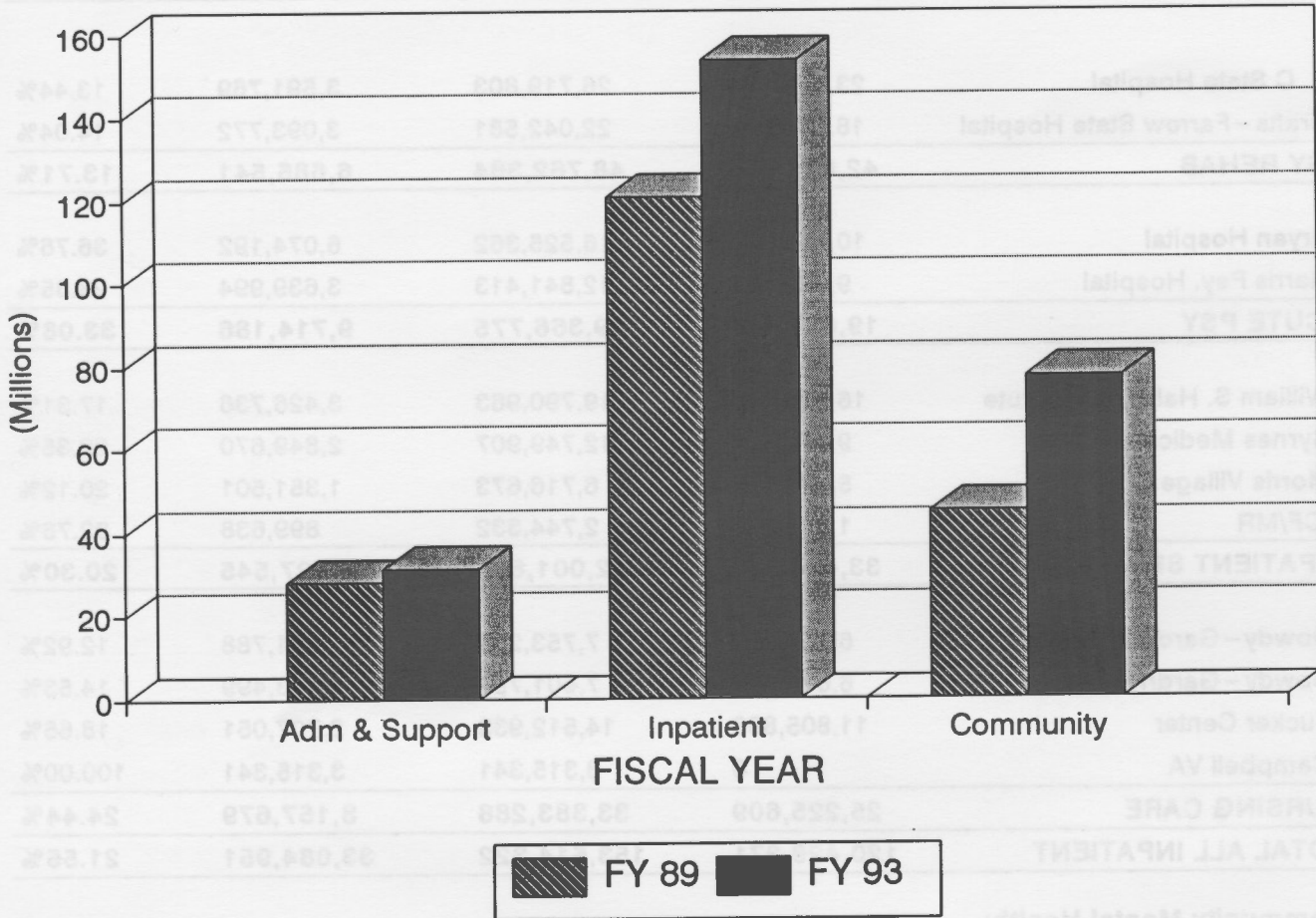
Executive Staff

Director of Mental Health Joseph J. Bevilacqua, Ph.D.
 Deputy Director John A. Morris, M.S.W.
 Div. of Administrative Support Services R. Brooks Galloway, Director
 Division of Financial Services John D. Bourne, Director
 Division of Human Resource Svcs. William R. Noyes, Director
 Office of Communications Maureen T. Donnelly, Director
 Office of the General Counsel Kennerly M. McLendon, General Counsel
 Office of Internal Audit C. David Biswell, Director
 Office of Public Safety Fred J. Lorick, Chief
 Office of Quality Assurance David L. Mahrer, Ph.D., Acting Director
 Division of Clinical Services Tony A. Gore, M.D., Medical Director
 Division for Alcohol and Drug Services C. Edgar Spencer
 Division for Children, Adol. and Their Families.....Jerome H. Hanley, Ph.D.
 Division for Elderly/Long Term Care C. Edgar Spencer
 Division for Developmental Disabilities Nancy C. Carter, M.S.W.
 Division of Community Mental Health Svcs. John J. Connery, Director
 Aiken-Barnwell MHC Robert J. Waters, M.S.W., Director
 Anderson-Oconee-Pickens Norman T. Robertson, Ed.D., Director
 Beckman Center for MH Svcs. Jack E. McCants, Ph.D., Director
 Berkeley County MHC Bernona L. Rodgers, R.N., Director
 Catawba MHC Sam J. Reynolds, A.C.S.W., Director
 Charleston/Dorchester MHC Thomas G. Hiers, Ph.D., Director
 Coastal Empire MHC Ramon D. Norris, M.S., Director
 Columbia Area MHC Kemper A. Breeding, M.A., Director
 Greenville MHC Norman A. Desrosiers, M.D., Director
 Lexington County CMHC Louis H. Muzekari, Ed.D., Director
 Orangeburg Area MHC Ida E. Wanamaker, Ph.D. Director
 Pee Dee MHC Charles E. Bevis, Ph.D., Director
 Piedmont Center for MH Services Joe E. James, Director
 Santee-Wateree MHC Olivia H. Williams, Director
 Spartanburg Area MHC William S. Powell, M.D., Director
 Tri County MHC Janice A. Rozier, M.S.W., Director
 Waccamaw Center for MH James W. Pearson, Ed.D., Director
 Division of Inpatient Services
 Bryan Hospital Sidney G. Alston, M.D., Director
 Byrnes Medical Center G. Paul Eleazer, M.D., Director
 Crafts-Farrow State Hospital Jaime E. Condom, M.D., Director
 Hall Institute Larry R. Faulkner, M.D., Director
 Harris Hospital Arthur J. Robarge, M.D., Director
 Morris Village J. Gil Freeman, M.D., Director
 S.C. State Hospital Jaime E. Condom, M.D., Director
 Division of Nursing Care Services Lee LV. Woodbury, M.D., Director
 Campbell Veterans Home Doris M. Singley, Administrator
 Dowdy-Gardner Rock Hill Bill Yates, Administrator
 Tucker Center/Dowdy-GardnerShielda D. Friendly, NHA, Director

**SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
FIVE-YEAR EXPENDITURE SUMMARY**

| | FY 88 | FY 93 | CHANGE | |
|--------------------------------------|--------------------|--------------------|-------------------|---------------|
| | | | \$ | % |
| Administration & Support: | | | | |
| Central Office | 8,870,948 | 10,831,857 | 1,960,909 | 18.10% |
| Public Safety | 3,159,361 | 2,909,809 | (249,552) | -8.58% |
| Consolidated Support Services | 16,014,003 | 17,658,957 | 1,644,954 | 9.32% |
| ADMIN & SUPPORT | 28,044,312 | 31,400,623 | 3,356,311 | 10.69% |
| | | | | |
| S C State Hospital | 23,128,034 | 26,719,803 | 3,591,769 | 13.44% |
| Crafts - Farrow State Hospital | 18,948,809 | 22,042,581 | 3,093,772 | 14.04% |
| PSY REHAB | 42,076,843 | 48,762,384 | 6,685,541 | 13.71% |
| | | | | |
| Bryan Hospital | 10,451,170 | 16,525,362 | 6,074,192 | 36.76% |
| Harris Psy. Hospital | 9,201,419 | 12,841,413 | 3,639,994 | 28.35% |
| ACUTE PSY | 19,652,589 | 29,366,775 | 9,714,186 | 33.08% |
| | | | | |
| William S. Hall Psy. Institute | 16,364,227 | 19,790,963 | 3,426,736 | 17.31% |
| Byrnes Medical Center | 9,900,237 | 12,749,907 | 2,849,670 | 22.35% |
| Morris Village | 5,365,172 | 6,716,673 | 1,351,501 | 20.12% |
| ICF/MR | 1,844,694 | 2,744,332 | 899,638 | 32.78% |
| INPATIENT SPECIALTY | 33,474,330 | 42,001,875 | 8,527,545 | 20.30% |
| | | | | |
| Dowdy - Gardner/Cola. | 6,751,422 | 7,753,210 | 1,001,788 | 12.92% |
| Dowdy - Gardner/R H | 6,668,299 | 7,801,798 | 1,133,499 | 14.53% |
| Tucker Center | 11,805,888 | 14,512,939 | 2,707,051 | 18.65% |
| Campbell VA | 0 | 3,315,341 | 3,315,341 | 100.00% |
| NURSING CARE | 25,225,609 | 33,383,288 | 8,157,679 | 24.44% |
| TOTAL ALL INPATIENT | 120,429,371 | 153,514,322 | 33,084,951 | 21.55% |
| | | | | |
| Community Mental Health: | | | | |
| Centers | 43,939,559 | 70,247,270 | 26,307,711 | 37.45% |
| Projects & Grants | 967,653 | 7,057,785 | 6,090,132 | 86.29% |
| COMMUNITY M H | 44,907,212 | 77,305,055 | 32,397,843 | 41.91% |
| | | | | |
| Autism | 1,570,857 | 2,419,867 | 849,010 | 35.08% |
| TOTAL DMH | 194,951,752 | 264,639,867 | 69,688,115 | 26.33% |

**DMH TOTAL EXPENDITURES
FY 88 - FY 93**



**COMMUNITY MENTAL HEALTH CENTER
PER CAPITAL EXPENDITURES
FISCAL YEAR 1992-93**

| CENTER | 1993 POPULATION | TOTAL FY 93 EXPENDITURES | PER CAPITA | RANK |
|------------------|--------------------|-----------------------------|----------------|------|
| Columbia | 313,292 | 10,663,527 | \$34.04 | 1 |
| Orangeburg | 115,016 | 3,144,291 | 27.34 | 2 |
| Piedmont | 141,796 | 3,847,653 | 27.14 | 3 |
| Tri County | 95,906 | 2,576,232 | 26.86 | 4 |
| Aiken | 145,958 | 3,784,843 | 25.93 | 5 |
| Pee Dee | 211,003 | 4,590,664 | 21.76 | 6 |
| Coastal Empire | 173,909 | 3,452,024 | 19.85 | 7 |
| Charleston | 390,810 | 7,461,180 | 19.09 | 8 |
| Greenville | 188,046 | 3,546,009 | 18.86 | 9 |
| Santee-Wateree | 198,964 | 3,724,308 | 18.72 | 10 |
| Beckman | 222,163 | 4,033,230 | 18.15 | 11 |
| Waccamaw | 240,688 | 4,324,898 | 17.97 | 12 |
| Lexington | 175,789 | 2,985,560 | 16.98 | 13 |
| Catawba | 226,571 | 3,663,996 | 16.17 | 14 |
| Anderson | 307,216 | 4,872,263 | 15.86 | 15 |
| Spartanburg | 310,058 | 4,703,377 | 15.17 | 16 |
| Berkeley | 138,991 | 2,060,256 | 14.82 | 17 |
| STATEWIDE | 3,596,176 | 73,434,311 | \$20.42 | |

**Community Mental Health Center Caseloads and
Days of DMH Hospital Services Used
Fiscal Year 1993**

| | Number Served | June 30 Caseload | Days of DMH Hospitals Used | Days of DMH Hospitals Used Per 100,000 | Change in Hospital Days Used FY 92-FY 93 |
|------------------|--------------------------|-----------------------------|---------------------------------------|---|---|
| Region A: | | | | | |
| Aiken | 3,299 | 1,308 | 31,820 | 21,801 | -11% |
| Catawba | 4,478 | 1,719 | 52,381 | 23,119 | -4% |
| Columbia Area | 8,783 | 3,896 | 150,873 | 48,157 | -7% |
| Lexington | 3,077 | 1,162 | 47,555 | 27,052 | -16% |
| Region B: | | | | | |
| A-O-P | 8,209 | 3,607 | 59,248 | 19,285 | -3% |
| Beckman | 4,872 | 2,195 | 58,523 | 26,342 | -3% |
| Grnv/Pied | 7,117 | 3,621 | 76,602 | 23,224 | -5% |
| Spartanburg | 5,974 | 3,374 | 77,754 | 25,077 | -11% |
| Region C: | | | | | |
| Pee Dee | 3,798 | 1,887 | 53,337 | 25,278 | -3% |
| Santee-Wateree | 4,885 | 3,277 | 41,174 | 20,694 | -6% |
| Tri-County | 2,147 | 1,193 | 33,526 | 34,957 | -6% |
| Waccamaw | 5,217 | 2,817 | 33,656 | 13,983 | -16% |
| Region D: | | | | | |
| Berkeley | 2,173 | 1,057 | 12,355 | 8,889 | 3% |
| Chas./Dorch. | 4,780 | 2,490 | 57,595 | 14,737 | -12% |
| Coastal Empire | 3,451 | 1,358 | 27,061 | 15,560 | -2% |
| Orangeburg | 3,061 | 1,710 | 23,271 | 20,233 | -21% |
| THE STATE | 75,321 | 36,671 | 836,731 | 23,267 | -8% |

Community Mental Health Centers
Staff Hours/ Clinical Contacts/ Billable Units
Fiscal Year 1993

| | Staff Hours | Center Contacts | Billable Units |
|------------------|------------------------|----------------------------|---------------------------|
| Region A: | | | |
| Aiken | 36,575.92 | 46,540 | 235,714 |
| Catawba | 53,388.53 | 49,497 | 174,878 |
| Columbia Area | 128,836.65 | 146,029 | 593,602 |
| Lexington | 27,794.38 | 35,431 | 137,364 |
| Region B: | | | |
| A-O-P | 69,377.75 | 76,281 | 324,949 |
| Beckman | 44,439.35 | 51,586 | 224,074 |
| Greenville | 34,126.83 | 49,696 | 236,790 |
| Piedmont | 33,897.20 | 48,813 | 278,703 |
| Spartanburg | 46,400.12 | 71,952 | 295,064 |
| Region C: | | | |
| Pee Dee | 79,877.55 | 69,868 | 311,024 |
| Santee-Wateree | 28,516.20 | 32,962 | 124,459 |
| Tri-County | 28,543.03 | 32,081 | 126,178 |
| Waccamaw | 57,075.82 | 55,182 | 253,538 |
| Region D: | | | |
| Berkeley | 129,867.07 | 31,946 | 111,794 |
| Chas./Dorch. | 109,179.70 | 106,274 | 341,207 |
| Coastal Empire | 32,939.97 | 43,840 | 210,916 |
| Orangeburg | 39,112.78 | 44,250 | 177,219 |
| THE STATE | 979,948.85 | 992,228 | 4,157,473 |

**Psychiatric Hospital Admissions Rates per 100,000 Population
for Fiscal Year 92-93**

| Community Mental Health Center | FY92 | FY93 | | Variance |
|-----------------------------------|--------------|--------------|--------------|--------------|
| | Rate | # of Adm | Rate | |
| REGION A | 234.9 | 2,210 | 256.5 | 21.6 |
| Aiken-Barnwell | 155.8 | 188 | 128.8 | -27.0 |
| Catawba | 150.6 | 380 | 167.7 | 17.1 |
| Columbia Area | 353.4 | 1,227 | 391.6 | 38.2 |
| Lexington | 196.5 | 415 | 236.1 | 39.6 |
| REGION B | 213.0 | 2,569 | 219.7 | 6.7 |
| Anderson-Oconee-Pickens | 190.7 | 646 | 210.3 | 19.6 |
| Beckman | 261.2 | 614 | 276.4 | 15.2 |
| Greenville/Piedmont | 229.6 | 736 | 223.1 | -6.5 |
| Spartanburg | 182.9 | 573 | 184.8 | 1.9 |
| REGION C | 242.4 | 1,797 | 240.7 | -1.7 |
| Pee Dee | 275.3 | 594 | 281.5 | 6.2 |
| Santee-Wateree | 186.3 | 420 | 211.1 | 24.8 |
| Tri-County | 350.0 | 328 | 342.0 | -8.0 |
| Waccamaw | 215.9 | 455 | 189.0 | -26.9 |
| REGION D | 139.2 | 830 | 101.4 | -37.8 |
| Berkeley | 109.2 | 135 | 97.1 | -12.1 |
| Charleston/Dorchester | 139.2 | 372 | 95.2 | -44.0 |
| Coastal Empire | 148.8 | 256 | 147.2 | -1.6 |
| Orangeburg | 160.2 | 67 | 58.3 | -101.9 |
| THE STATE | 207.6 | 7,406 | 205.9 | -1.7 |

SCDMH Psychiatric Admissions:

Includes all admissions to SCSH & Bryan.

Includes admissions to CFSH & Harris on psych papers.

Includes the Children's Unit admissions at WSHPI.

Includes Santee-Wateree non-forensic admissions to WSHPI.

The admission rates are annualized.

The variance is the difference between the FY 92 and FY 93 rates.

An estimate of the 1993 population is used to calculate the admission rates.

**Psychiatric Readmissions Rates to Psychiatric Hospitals
Fiscal Year 1992 vs Fiscal Year 1993**

| Community Mental Health Center | FY92 Rate | FY93 # of Adm | FY93 Rate | Variance |
|-----------------------------------|--------------|------------------|--------------|-------------|
| REGION A | 63.8 | 1,388 | 62.8 | -1.0 |
| Aiken-Barnwell | 48.9 | 93 | 49.5 | 0.6 |
| Catawba | 58.8 | 221 | 58.2 | -0.6 |
| Columbia Area | 69.1 | 814 | 66.3 | -2.8 |
| Lexington | 61.2 | 260 | 62.7 | 1.5 |
| REGION B | 53.7 | 1,390 | 54.1 | 0.4 |
| Anderson-Oconee-Pickens | 49.4 | 332 | 51.4 | 2.0 |
| Beckman | 60.8 | 338 | 55.0 | -5.8 |
| Greenville/Piedmont | 53.9 | 427 | 58.0 | 4.1 |
| Spartanburg | 50.7 | 293 | 51.1 | 0.4 |
| REGION C | 56.1 | 1,018 | 56.6 | 0.5 |
| Pee Dee | 61.4 | 381 | 64.1 | 2.7 |
| Santee-Wateree | 49.0 | 199 | 47.4 | -1.6 |
| Tri-County | 65.3 | 210 | 64.0 | -1.3 |
| Waccamaw | 49.2 | 228 | 50.1 | 0.9 |
| REGION D | 52.5 | 462 | 55.7 | 3.2 |
| Berkeley | 51.4 | 68 | 50.4 | -1.0 |
| Charleston/Dorchester | 51.9 | 215 | 57.8 | 5.9 |
| Coastal Empire | 52.5 | 141 | 55.1 | 2.6 |
| Orangeburg | 55.4 | 38 | 56.7 | 1.3 |
| THE STATE | 56.8 | 4,258 | 57.5 | 0.7 |

SCDMH Psychiatric Admissions:

Includes all admissions to SCSH & Bryan.

Includes admissions to CFSH & Harris on psych papers.

Includes the Children's Unit admissions at WSHPI.

Includes Santee-Wateree non-forensic admissions to WSHPI.

The rate is the percentage of total psychiatric admissions that are readmissions.

The variance is the difference between the FY 92 and FY 93 rates.

**Percent of Psychiatric Admissions to Psychiatric Hospitals Screened by
Community Mental Health Centers for Fiscal Years 1992 and 1993**

| Community Mental Health Center | FY92 Percent | FY93 Percent | Change |
|-----------------------------------|-----------------|-----------------|-------------|
| REGION A | 97.3 | 98.8 | 1.5 |
| Aiken-Barnwell | 98.2 | 100.0 | 1.8 |
| Catawba | 98.2 | 98.9 | 0.7 |
| Columbia Area | 96.6 | 98.5 | 1.9 |
| Lexington | 97.6 | 99.0 | 1.4 |
| REGION B | 98.6 | 97.8 | -0.8 |
| Anderson-Oconee-Pickens | 97.9 | 96.0 | -1.9 |
| Beckman | 99.0 | 99.3 | 0.3 |
| Greenville/Piedmont | 98.5 | 97.7 | -0.8 |
| Spartanburg | 98.9 | 98.3 | -0.6 |
| REGION C | 98.2 | 98.4 | 0.2 |
| Pee Dee | 99.0 | 99.2 | 0.2 |
| Santee-Wateree | 94.8 | 95.0 | 0.2 |
| Tri-County | 98.5 | 100.0 | 1.5 |
| Waccamaw | 99.4 | 99.3 | -0.1 |
| REGION D | 97.6 | 98.2 | 0.6 |
| Berkeley | 98.0 | 97.0 | -1.0 |
| Charleston/Dorchester | 97.8 | 97.3 | -0.5 |
| Coastal Empire | 96.9 | 100.0 | 3.1 |
| Orangeburg | 97.8 | 98.5 | 0.7 |
| THE STATE | 98.0 | 98.3 | 0.3 |

SCDMH Psychiatric Admissions:

- Includes all admissions to SCSH & Bryan.
- Includes admissions to CFSH & Harris on psych papers.
- Includes the Children's Unit admissions at WSHPI.
- Includes Santee-Wateree non-forensic admissions to WSHPI.

Admissions, Discharges, Ending Census

Fiscal Year 1993

| Facility | FY 93 Admissions | FY 93 Discharges | Census June 30 | FY 93 Avg Daily Popn | |
|-----------------------------------|---------------------|---------------------|-------------------|-------------------------|--|
| Psychiatric Short Term | | | | | |
| Harris | 2,665 | 2,613 | 124 | 146 | |
| Bryan | 3,938 | 3,794 | 234 | 228 | |
| Hall | 1,235 | 1,221 | 74 | 84 | |
| Chronic | | | | | |
| SCSH | 173 | 251 | 347 | 368 | |
| CFSH | 651 | 621 | 368 | 376 | |
| Specialty | | | | | |
| MV (A&D) | 2,259 | 2,093 | 151 | 144 | |
| Brynes(M/S) | 1,212 | 616 | 43 | 30 | |
| Nursing Care | | | | | |
| Tucker | 181 | 42 | 417 | 428 | |
| DGNCC | 40 | 78 | 312 | 312 | |
| Campbell | 104 | 35 | 131 | 148 | |

Admissions: First Admissions + Readmissions + Transfers-In

Discharges: Regular Discharges only

**S.C. DEPT. OF MENTAL HEALTH
CHANGE IN HOSPITAL AVERAGE POPULATION
FY 1987-88 TO FY 1992-93**

| | FY 88 | FY 93 | CHANGE | |
|----------------------|-------|-------|--------|------|
| | | | Amount | % |
| PSYCHIATRIC: | | | | |
| Acute: | | | | |
| Harris | 150 | 146 | (4) | -3% |
| Bryan | 219 | 228 | 9 | 4% |
| Hall | 174 | 84 | (90) | -52% |
| | 543 | 458 | (85) | -16% |
| Long Term: | | | | |
| S.C. State | 650 | 368 | (282) | -43% |
| Crafts-Farrow | 530 | 376 | (154) | -29% |
| | 1,180 | 744 | (436) | -37% |
| SPECIALTY: | | | | |
| Morris Village | 179 | 144 | (35) | -20% |
| Byrnes | 88 | 30 | (58) | -66% |
| | 267 | 174 | (93) | -35% |
| NURSING CARE: | | | | |
| Tucker | 560 | 428 | (132) | -24% |
| Dowdy-Gardner | 572 | 312 | (260) | -45% |
| Campbell | | 148 | 148 | N/A |
| | 1,132 | 888 | (244) | -22% |
| DMH TOTAL | | | | |
| | 3,122 | 2,264 | (858) | -27% |

| | |
|--|------------------|
| Total Number of Documents Printed | <u>255</u> |
| Cost Per Unit | \$ <u>3.51</u> |
| Printing Cost - S.C. State Budget & Control Board (up to 255 copies) | \$ <u>894.16</u> |
| Printing Cost - Individual Agency (requesting over 255 copies and/or halftones) | \$ <u>-</u> |
| Total Printing Cost | \$ <u>894.16</u> |

